# Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Document Page 1 of 62

| Fill in this information to identify your case: |                               |                                   |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|   | Chapter 7                     |                                   |
|   | ☐ Chapter 11                  |                                   |
|   | ☐ Chapter 12                  |                                   |
|   | ☐ Chapter 13                  | ☐ Check if this an amended filing |

## Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | art 1: Identify Yourself   |   |  |   |  |  |  |  |  |
|----|--|---|--|---|--|--|--|--|--|
|    |  | About Debtor 1:   |  | About Debtor 2 (Spouse Only in a Joint Case):                                     |  |  |  |  |  |
| 1. | Your full name   |   |  |   |  |  |  |  |  |
|    | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | Laura First name  J Middle name  Davi  Last name and Suffix (Sr., Jr., II, III) |  | Kenneth First name  A Middle name  Davi  Last name and Suffix (Sr., Jr., II, III) |  |  |  |  |  |
| 2. | All other names you have used in the last 8 years Include your married or maiden names.  |   |  |   |  |  |  |  |  |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)  | xxx-xx-4452   |  | xxx-xx-3856   |  |  |  |  |  |

Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Document Page 2 of 62

Debtor 1 Laura J Davi Debtor 2 Kenneth A Davi

Case number (if known)

|  |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |  |  |  |
|--|---|---|---|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years  Include trade names and doing business as names |   | ■ I have not used any business name or EINs.  Business name(s)  | ■ I have not used any business name or EINs.  Business name(s)  |  |  |  |
|  |   | EINs  | EINs  |  |  |  |
| 5.   | Where you live  | 16512 W. Pocasset Ct.<br>Lockport, IL 60441   | If Debtor 2 lives at a different address:   |  |  |  |
|  |   | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code  |  |  |  |
|  |   | Will County   | County  |  |  |  |
|  |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  |  |  |  |
|  |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code  |  |  |  |
| 6.   | 6. Why you are choosing this district to file for bankruptcy  Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  □ I have another reason. Explain. (See 28 U.S.C. § 1408.) |   | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) |  |  |  |

Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Document Page 3 of 62

Debtor 1 Laura J Davi Debtor 2 Kenneth A Davi Case number (if known) Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy 7. The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ■ No. bankruptcy within the last 8 years? ☐ Yes. When Case number District When District Case number When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Relationship to you Debtor When Case number, if known District Debtor Relationship to you When District Case number, if known 11. Do you rent your Go to line 12. No. residence? Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? □ Yes. No. Go to line 12.

bankruptcy petition.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this

Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Debtor 1 Laura J Davi

| Deb  | otor 2 Kenneth A Davi   |   |  |   | Case number (if known)  |   |  |
|--|---|---|--|---|---|---|--|
|  |   |   |  |   |   |   |  |
| Par  | Report About Any Bu   | sinesses                                  | You Owr  | າ as a Sole Proprie                       | tor   |   |  |
| 12.  | Are you a sole proprietor of any full- or part-time business?   | ■ No.                                     | Go to  | Part 4.                                   |   |   |  |
|  |   | ☐ Yes.                                    | Name   | e and location of bus                     | siness  |   |  |
|  | A sole proprietorship is a  |   |  |   |   |   |  |
|  | business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |   |  | e of business, if any                     |   |   |  |
|  | If you have more than one sole proprietorship, use a separate sheet and attach  |   | Numb   | oer, Street, City, Stat                   | te & ZIP Code   |   |  |
|  | it to this petition.  |   | Chec   | k the appropriate bo                      | ox to describe your business:   |   |  |
|  |   |   |  | Health Care Busin                         | ness (as defined in 11 U.S.C. § 101(27A))   |   |  |
|  |   |   |  | Single Asset Real                         | Estate (as defined in 11 U.S.C. § 101(51B))   |   |  |
|  |   |   |  | Stockbroker (as d                         | lefined in 11 U.S.C. § 101(53A))  |   |  |
|  |   |   |  | Commodity Broke                           | er (as defined in 11 U.S.C. § 101(6))   |   |  |
|  |   |   |  | None of the above                         | e   |   |  |
| Chapter 11 of the deadlines. If you income |   | ndicate that you are low statement, and f | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure |   |   |   |  |
|  | For a definition of small   | ■ No.                                     | I am not filing under Chapter 11.  |   |   |   |  |
|  | business debtor, see 11 U.S.C. § 101(51D).  | □ No.                                     | I am f<br>Code   |   | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy  |   |  |
|  |   | ☐ Yes.                                    | I am f   | iling under Chapter                       | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |   |  |
| Par  | t 4: Report if You Own or   | Have Any                                  | / Hazardo  | ous Property or An                        | y Property That Needs Immediate Attention   |   |  |
| 14.  | Do you own or have any property that poses or is  | ■ No.                                     |  |   |   |   |  |
|  | alleged to pose a threat<br>of imminent and<br>identifiable hazard to   | ☐ Yes.                                    | What is  | the hazard?                               |   | _ |  |
|  | public health or safety? Or do you own any property that needs immediate attention?   |   |  | diate attention is<br>, why is it needed? |   |   |  |
|  | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?                 |   |  |   |   |   |  |
|  |   |   |  |   | Number, Street, City, State & Zip Code  |   |  |
|  |   |   |  |   |   | _ |  |

Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Document Page 5 of 62

Debtor 1 Laura J Davi

Debtor 2 Kenneth A Davi Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Document Page 6 of 62

|     | tor 2 Kenneth A Davi  |   |  | Case nu   | umber (if known)  |  |  |  |  |
|-----|---|---|--|---|---|--|--|--|--|
| Par | t 6: Answer These Quest   | ons for Repo  | orting Purposes  |   |   |  |  |  |  |
| 16. | What kind of debts do you have?   |   | re your debts primarily consurdividual primarily for a personal,   |   | e defined in 11 U.S.C. § 101(8) as "incurred by an  |  |  |  |  |
|     |   |   | No. Go to line 16b.  |   |   |  |  |  |  |
|     |   |   | Yes. Go to line 17.  |   |   |  |  |  |  |
|     |   |   |  | ss debts? Business debts are d nt or through the operation of the   |   |  |  |  |  |
|     |   |   | No. Go to line 16c.  |   |   |  |  |  |  |
|     |   |   | Yes. Go to line 17.  |   |   |  |  |  |  |
|     |   | 16c. St   | ate the type of debts you owe th   | at are not consumer debts or bu   | siness debts  |  |  |  |  |
| 17. | Are you filing under Chapter 7?   | □ No. I a   | nm not filing under Chapter 7. Go  | o to line 18.   |   |  |  |  |  |
|     | Do you estimate that<br>after any exempt<br>property is excluded and<br>administrative expenses | ar  | e paid that funds will be availabl   | u estimate that after any exempt<br>e to distribute to unsecured cred   | property is excluded and administrative expenses itors?   |  |  |  |  |
|     | are paid that funds will<br>be available for<br>distribution to unsecured<br>creditors?         |   | No<br>Yes  |   |   |  |  |  |  |
| 18. | How many Creditors do you estimate that you owe?  | ■ 1-49<br>□ 50-99<br>□ 100-199<br>□ 200-999                 |  | ☐ 1,000-5,000<br>☐ 5001-10,000<br>☐ 10,001-25,000   | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than100,000   |  |  |  |  |
| 19. | How much do you estimate your assets to be worth?   | □ \$0 - \$50,<br>□ \$50,001 -<br>■ \$100,001<br>□ \$500,001 | - \$100,000<br>- \$500,000   | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | \$500,000,001 - \$1 billion \$1,000,000,001 - \$10 billion \$10,000,000,001 - \$50 billion  More than \$50 billion        |  |  |  |  |
| 20. | How much do you estimate your liabilities to be?  | □ \$0 - \$50,<br>□ \$50,001<br>■ \$100,001<br>□ \$500,001   | - \$100,000<br>- \$500,000   | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | □ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion |  |  |  |  |
| Par | 7: Sign Below   |   |  |   |   |  |  |  |  |
| For | you   | I have exam   | —————————————————————————————————————  | under penalty of perjury that the i   | information provided is true and correct.   |  |  |  |  |
|     |   |   |  |   | gible, under Chapter 7, 11,12, or 13 of title 11,<br>d I choose to proceed under Chapter 7.                               |  |  |  |  |
|     |   |   |  | ay or agree to pay someone who ice required by 11 U.S.C. § 342(b  | is not an attorney to help me fill out this o).   |  |  |  |  |
|     |   | I request reli  | ef in accordance with the chapte   | er of title 11, United States Code,   | , specified in this petition.   |  |  |  |  |
|     |   |   | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |   |   |  |  |  |  |
|     |   | /s/ Laura J<br>Laura J Da<br>Signature of                   | avi  | /s/ Kenneth Kenneth A I Signature of D  | Davi  |  |  |  |  |
|     |   | Executed on   | May 13, 2017<br>MM / DD / YYYY   | Executed on   | May 13, 2017<br>MM / DD / YYYY  |  |  |  |  |

Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Page 7 of 62

Document Laura J Davi Debtor 1 Case number (if known) Debtor 2 Kenneth A Davi I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed For your attorney, if you are represented by one under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) If you are not represented by and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the an attorney, you do not need schedules filed with the petition is incorrect. to file this page. /s/ Ronald D. Cummings Date May 13, 2017 Signature of Attorney for Debtor MM / DD / YYYY **Ronald D. Cummings** 

Printed name

Law offices of Ronald D. Cummings

22600 Deer Path Lane Plainfield, IL 60544

Number, Street, City, State & ZIP Code

Contact phone 815 782-4844 Email address

bankruptcylawyer@sbcglobal.net

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Bar number & State

#### Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main

|                     |                          | 1700.11111        | THE PAUL OUT UZ |  |
|---------------------|--------------------------|-------------------|-----------------|--|
| Fill in this infor  | mation to identify your  | case:             |                 |  |
| Debtor 1            | Laura J Davi             |                   |                 |  |
|                     | First Name               | Middle Name       | Last Name       |  |
| Debtor 2            | Kenneth A Davi           |                   |                 |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name       |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS     |  |
| Case number _       |                          |                   |                 |  |
| (if known)          |                          |                   |                 |  |
|                     |                          |                   |                 |  |

# amended filing

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| -r ai | t 1: Summarize Your Assets  |            |                           |
|-------|---|------------|---------------------------|
|       |   | Your a     | assets<br>of what you own |
| 1.    | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$         | 230,000.0                 |
|       | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$         | 33,475.1                  |
|       | 1c. Copy line 63, Total of all property on Schedule A/B   | \$         | 263,475.1                 |
| Par   | t 2: Summarize Your Liabilities   |            |                           |
|       |   |            | iabilities<br>nt you owe  |
| 2.    | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D                | \$         | 249,003.00                |
| 3.    | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F   | \$         | 0.0                       |
|       | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$         | 62,586.0                  |
|       | Your total liabilities  | \$         | 311,589.00                |
| Par   | t 3: Summarize Your Income and Expenses   |            |                           |
| 1.    | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I   | \$         | 6,595.6                   |
| 5.    | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$         | 6,535.0                   |
| Par   | t 4: Answer These Questions for Administrative and Statistical Records  |            |                           |
| 6.    | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                                    | r other sc | hedules.                  |
| 7.    | ■ Yes What kind of debt do you have?  |            |                           |
|       | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a bousehold purpose "11 LLS C. & 101(8). Fill out lines 8-90 for statistical purposes. 28 LLS C. & 159 |            | , family, or              |

- household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Check if this is an

Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main

|          |                | Document | Page 9 of 62           |  |
|----------|----------------|----------|------------------------|--|
|          | Laura J Davi   |          | 3                      |  |
| Debtor 2 | Kenneth A Davi |          | Case number (if known) |  |

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

8,540.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total o | laim |
|--|---------|------|
| From Part 4 on Schedule E/F, copy the following:   |         |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$      | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$      | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$      | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$      | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$      | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$     | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$      | 0.00 |

|       | Ca                               | ase 17-15011                    | Doc 1              |            | 05/13/17<br>ument           | Entered 05/13/17  | 7 07:11:13                     | Desc         | Main                    |
|-------|----------------------------------|---------------------------------|--------------------|------------|-----------------------------|---|--------------------------------|--------------|-------------------------|
| Fill  | in this infor                    | mation to identify y            | our case and t     |            |                             | T AUC. TO OF OZ   |                                |              |                         |
|       | otor 1                           |                                 |                    |            |                             |   |                                |              |                         |
| Der   | ו זטו                            | Laura J Davi<br>First Name      | Middl              | e Name     |                             | Last Name   |                                |              |                         |
|       | otor 2<br>use, if filing)        | Kenneth A Da                    |                    | e Name     |                             | Last Name   |                                |              |                         |
| 1 1 1 | to d Otataa Da                   |                                 | ha. NODTUE         | N DICTI    |                             | NOIS  |                                |              |                         |
| Uni   | ied States Ba                    | inkruptcy Court for the         | ne: NORTHER        | KIN DISTR  | RICT OF ILLIN               | NOIS  |                                |              |                         |
| Cas   | se number _                      |                                 |                    |            |                             | _   |                                |              | Check if this is an     |
|       |                                  |                                 |                    |            |                             |   |                                |              | amended filing          |
|       |                                  |                                 |                    |            |                             |   |                                |              |                         |
| Դք∙   | ficial Fo                        | rm 106A/B                       |                    |            |                             |   |                                |              |                         |
| _     |                                  |                                 |                    |            |                             |   |                                |              |                         |
|       |                                  | e A/B: Pr                       | <u> </u>           |            |                             | ın asset fits in more than one o  |                                |              | 12/15                   |
| nfor  | mation. If mor<br>ver every ques | e space is needed, at<br>stion. | tach a separate s  | heet to th | is form. On the             | e are filing together, both are e<br>e top of any additional pages, v<br>n or Have an Interest In |                                |              |                         |
| _     |                                  |                                 |                    |            |                             |   |                                |              |                         |
| . D   | o you own or l                   | have any legal or equ           | itable interest in | any reside | ence, building,             | land, or similar property?  |                                |              |                         |
|       | No. Go to Par                    | t 2.                            |                    |            |                             |   |                                |              |                         |
|       | Yes. Where i                     | s the property?                 |                    |            |                             |   |                                |              |                         |
|       |                                  |                                 |                    |            |                             |   |                                |              |                         |
|       |                                  |                                 |                    |            |                             |   |                                |              |                         |
| 1.1   |                                  |                                 |                    | What       | is the property             | ? Check all that apply  |                                |              |                         |
|       | 16512 W.                         | Pocasset Ct.                    |                    |            | Single-family h             | nome  | Do not deduct sed              | cured claims | s or exemptions. Put    |
|       | Street address,                  | if available, or other descr    | iption             | _          | Duplex or mult              | ti-unit building  |                                |              | aims on Schedule D:     |
|       |                                  |                                 |                    | П          | Condominium                 | or cooperative  | Creditors Write Ha             | ve Claims 3  | Secured by Property.    |
|       |                                  |                                 |                    |            |                             |   |                                |              |                         |
|       | 1 1                              |                                 | 00444 0000         |            |                             | or mobile home  | Current value of               |              | Current value of the    |
|       | Lockport                         | IL                              | 60441-0000         | . 📙        | Land                        |   | entire property?               | -            | ortion you own?         |
|       | City                             | State                           | ZIP Code           |            | Investment pro<br>Timeshare | operty  | \$230,00                       | J.00         | \$230,000.00            |
|       |                                  |                                 |                    |            | Other                       |   |                                |              | ownership interest      |
|       |                                  |                                 |                    | _          |                             | in the property? Check one  | a life estate), if k           |              | y by the entireties, or |
|       |                                  |                                 |                    |            | Debtor 1 only               | in the property: officer one  |                                |              |                         |
|       | Will                             |                                 |                    |            | Debtor 2 only               |   |                                |              |                         |
|       | County                           |                                 |                    | _          | Debtor 1 and [              | Debtor 2 only   |                                |              |                         |
|       |                                  |                                 |                    |            |                             | f the debtors and another   | Check if this (see instruction |              | nity property           |
|       |                                  |                                 |                    |            |                             | ou wish to add about this item  | ,                              | -,           |                         |
|       |                                  |                                 |                    |            | rty identification          | ·   | ,                              |              |                         |
|       |                                  |                                 |                    |            |                             |   |                                |              |                         |
|       |                                  |                                 |                    |            |                             |   |                                |              |                         |
|       |                                  |                                 |                    |            |                             |   |                                |              |                         |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

\$230,000.00

Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Document Page 11 of 62

| Debt         |   |  | Case number (if known)          |   |  |  |
|--------------|---|--|---------------------------------|---|--|--|
| 3. <b>Ca</b> | ars, vans, trucks, tractors, sport  | utility vehicles, motorcycles  |                                 |   |  |  |
|              | No  |  |                                 |   |  |  |
| •            | Yes   |  |                                 |   |  |  |
|              |   |  | De not deduct or sound          | deine en e                                       |  |  |
| 3.1          | Make: Chrysler  | Who has an interest in the property? Check one   |                                 | claims or exemptions. Put ed claims on Schedule D:                                |  |  |
|              | Model: Pacifica   | Debtor 1 only  | Creditors Who Have Cla          | nims Secured by Property.   |  |  |
|              | Year: <b>2006</b>   | Debtor 2 only  | Current value of the            | Current value of the  |  |  |
|              | Approximate mileage:  | Debtor 1 and Debtor 2 only   | entire property?                | portion you own?  |  |  |
|              | Other information:  | At least one of the debtors and another  |                                 |   |  |  |
|              |   | Check if this is community property (see instructions)                                     | \$2,000.00                      | \$2,000.00  |  |  |
|              | Make: ford  |  | Do not deduct secured of        | claims or exemptions. Put   |  |  |
| 3.2          |   | Who has an interest in the property? Check one   | the amount of any secur         | ed claims on Schedule D:  |  |  |
|              |   | Debtor 1 only  | Creditors Who Have Cla          | ims Secured by Property.  |  |  |
|              | Year: <b>2014</b>   | Debtor 2 only  | Current value of the            | Current value of the  |  |  |
|              | Approximate mileage:  | Debtor 1 and Debtor 2 only   | entire property?                | portion you own?  |  |  |
|              | Other information:  | At least one of the debtors and another  |                                 |   |  |  |
|              |   | Check if this is community property (see instructions)                                     | \$9,000.00                      | \$9,000.00  |  |  |
|              |   | n you own for all of your entries from Part 2, including  2. Write that number here        |                                 | \$11,000.00   |  |  |
| Part 3       | 3: Describe Your Personal and Hou   | usehold Items  |                                 |   |  |  |
| Do y         | ou own or have any legal or equ   | itable interest in any of the following items?   |                                 | Current value of the portion you own? Do not deduct secured claims or exemptions. |  |  |
| <i>E</i>     | busehold goods and furnishings<br>xamples: Major appliances, furnitu<br>No<br>Yes. Describe |  |                                 |   |  |  |
|              | misc ho   | usehold furniture  |                                 | \$3,000.00  |  |  |
|              | IIII30 III  | useriola furnicare   |                                 | Ψο,σοσίος   |  |  |
|              | •   | udio, video, stereo, and digital equipment; computers, prin<br>meras, media players, games | nters, scanners; music collect  | ions; electronic devices  |  |  |
| _            | No<br>Yes. Describe   |  |                                 |   |  |  |
| E)           | other collections, memor  | aintings, prints, or other artwork; books, pictures, or other a                            | art objects; stamp, coin, or ba | aseball card collections;   |  |  |
|              | No<br>Yes. Describe   |  |                                 |   |  |  |

Official Form 106A/B Schedule A/B: Property page 2

Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Page 12 of 62 Document Debtor 1 Laura J Davi Debtor 2 Kenneth A Davi Case number (if known) 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10 Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... Unknown misc clothing 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$3,000.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ■ No ☐ Yes..... Institution name: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and

☐ Yes. Give specific information about them.....

joint venture

Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Document Page 13 of 62 Debtor 1 Laura J Davi Case number (if known) Debtor 2 Kenneth A Davi Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No  $\square$  Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years......

### 29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☐ Yes. Give specific information.....

#### 30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Entered 05/13/17 07:11:13 Case 17-15011 Doc 1 Filed 05/13/17 Desc Main Document Page 14 of 62 Debtor 1 Laura J Davi Debtor 2 Kenneth A Davi Case number (if known) ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ No Yes. Name the insurance company of each policy and list its value. Surrender or refund Company name: Beneficiary: value: life insurance **Brent Davi and Lucas** \$9,682.14 Davi 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list □ No Yes. Give specific information.. time share \$9,793.00 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$19,475,14 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00

Schedule A/B: Property

Official Form 106A/B

Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Page 15 of 62 Document

Laura J Davi Debtor 1 Kenneth A Davi Debtor 2 Case number (if known) List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$230,000.00 Part 2: Total vehicles, line 5 \$11,000.00 Part 3: Total personal and household items, line 15 57. \$3,000.00 58. Part 4: Total financial assets, line 36 \$19,475.14 59. Part 5: Total business-related property, line 45

\$0.00

\$0.00

Part 7: Total other property not listed, line 54 61. \$0.00 62. Total personal property. Add lines 56 through 61... \$33,475.14

Copy personal property total \$33,475.14

63. Total of all property on Schedule A/B. Add line 55 + line 62

Part 6: Total farm- and fishing-related property, line 52

60.

\$263,475.14

Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main

|                        |                          | Docume            | nt Page 16 of 62 | <br>                                 |
|------------------------|--------------------------|-------------------|------------------|--------------------------------------|
| Fill in this infor     | mation to identify your  | case:             |                  |                                      |
| Debtor 1               | Laura J Davi             |                   |                  |                                      |
|                        | First Name               | Middle Name       | Last Name        |                                      |
| Debtor 2               | Kenneth A Davi           |                   |                  |                                      |
| (Spouse if, filing)    | First Name               | Middle Name       | Last Name        |                                      |
| United States Ba       | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |                                      |
| Case number (if known) |                          |                   |                  | ☐ Check if this is an amended filing |
| Official Fo            | orm 106C                 |                   |                  |                                      |

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited

|  | ne apphoable statutory amount.   |                                      |                                   |   |                                    |  |  |
|--|--|--------------------------------------|-----------------------------------|---|------------------------------------|--|--|
| Pa   | rt 1: Identify the Property You Claim as E   | exempt                               |                                   |   |                                    |  |  |
| 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. |  |                                      |                                   |   |                                    |  |  |
|  | ■ You are claiming state and federal nonban  | kruptcy exemptions.                  | 11 U.S                            | S.C. § 522(b)(3)  |                                    |  |  |
|  | ☐ You are claiming federal exemptions. 11  | U.S.C. § 522(b)(2)                   |                                   |   |                                    |  |  |
| 2.   | For any property you list on Schedule A/B  | that you claim as exe                | empt,                             | fill in the information below.                                  |                                    |  |  |
|  | Brief description of the property and line on Schedule A/B that lists this property  | Current value of the portion you own | Amount of the exemption you claim |   | Specific laws that allow exemption |  |  |
|  |  | Copy the value from<br>Schedule A/B  | Che                               | ck only one box for each exemption.                             |                                    |  |  |
|  | 16512 W. Pocasset Ct. Lockport, IL<br>60441 Will County  | \$230,000.00                         |                                   | \$30,000.00   | 735 ILCS 5/12-901                  |  |  |
|  | Line from Schedule A/B: 1.1  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
|  | misc clothing  | Unknown                              |                                   | 100%  | 735 ILCS 5/12-1001(a)              |  |  |
|  | Line nom Schedule AVD. 11.1  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
|  | life insurance<br>Beneficiary: Brent Davi and Lucas  | \$9,682.14                           |                                   | 100%  | 735 ILCS 5/12-1001(f)              |  |  |
|  | Davi Line from Schedule A/B: 31.1  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
| 3.   | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every  No  Yes. Did you acquire the property covere  No | 3 years after that for ca            | ases fi                           | ,   | ,                                  |  |  |

Yes

Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main

|   |                          | Document P   | age 17       | of 62                              |                      |                      |
|---|--------------------------|--|--------------|------------------------------------|----------------------|----------------------|
| Fill in this inform   | nation to identify you   | ır case:   |              |                                    |                      |                      |
| Debtor 1  | Laura J Davi             |  |              |                                    |                      |                      |
| Dobto: 1  | First Name               | Middle Name Las  | st Name      |                                    |                      |                      |
| Debtor 2  | Kenneth A Davi           |  |              |                                    |                      |                      |
| (Spouse if, filing)   | First Name               | Middle Name Las  | st Name      |                                    |                      |                      |
| United States Ba  | nkruptcy Court for the   | : NORTHERN DISTRICT OF ILLINO  | IS           |                                    |                      |                      |
| Case number   |                          |  |              |                                    |                      |                      |
| (if known)  |                          |  |              |                                    | ☐ Check              | if this is an        |
|   |                          |  |              |                                    | amend                | led filing           |
| Official Forn   | n 106D                   |  |              |                                    |                      |                      |
| Schedule  | D: Creditors             | Who Have Claims Se   | cured        | by Property                        | У                    | 12/15                |
|   | Additional Page, fill it | If two married people are filing together, bout, number the entries, and attach it to th |              |                                    |                      |                      |
| 1. Do any creditors   | have claims secured by   | y your property?   |              |                                    |                      |                      |
| □ No. Check   | this box and submit t    | his form to the court with your other sch  | edules. Yo   | u have nothing else to             | report on this form. |                      |
| _   |                          | ·  | oddioo. To   | a navo noming oldo k               | roport or the form.  |                      |
|   | all of the information   | below.   |              |                                    |                      |                      |
|   | II Secured Claims        |  |              | Column A                           | Column B             | Column C             |
| 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately |                          |  |              | Value of collateral                | Unsecured            |                      |
|   |                          | ical order according to the creditor's name.   | u. ( 2. / to | Do not deduct the                  | that supports this   | portion              |
| 2.1 Ford Moto   | or Credit                | Describe the property that secures the c   | ·laim·       | value of collateral.<br>\$8,853.00 | claim \$9,000.00     | If any <b>\$0.00</b> |
| Creditor's Name   |                          | 2014 ford Fusion   | - Tallii.    | φο,ουσ.υυ                          | Ψ9,000.00            | Ψ0.00                |
| National E  | Bankruptcy               | 2014 1010 1 031011   |              |                                    |                      |                      |
| Service C   | enter                    |  |              |                                    |                      |                      |
| Po Box 62   |                          | As of the date you file, the claim is: Check apply.                                      | k all that   |                                    |                      |                      |
|   | Springs, CO              | Contingent   |              |                                    |                      |                      |
| 80962   | City Ctata 9 7in Code    | П. и. г  |              |                                    |                      |                      |
| Number, Street  | , City, State & Zip Code | ☐ Unliquidated☐ Disputed   |              |                                    |                      |                      |
| Who owes the de   | ebt? Check one.          | Nature of lien. Check all that apply.  |              |                                    |                      |                      |
| Debtor 1 only   |                          | ☐ An agreement you made (such as morto   | dade or secu | ıred                               |                      |                      |
| ■ Debtor 2 only   |                          | car loan)  | ,            |                                    |                      |                      |
| Debtor 1 and De   | ebtor 2 only             | ☐ Statutory lien (such as tax lien, mechani  | ic's lien)   |                                    |                      |                      |
| _   | he debtors and another   | ☐ Judgment lien from a lawsuit   | ,            |                                    |                      |                      |
| ☐ Check if this cl  |                          | ☐ Other (including a right to offset)  |              |                                    |                      |                      |
| community de  | ebt                      | · • • • • • • • • • • • • • • • • • • •  |              |                                    |                      |                      |
|   | Opened                   |  |              |                                    |                      |                      |
|   | 02/14 Last               |  |              |                                    |                      |                      |
|   | Active                   |  |              |                                    |                      |                      |
| Date debt was inco  | urred <u>2/03/17</u>     | Last 4 digits of account number  | 2117         |                                    |                      |                      |
| 2.2 Marriott C  | Ownership                | Describe the property that secures the c   | ·laim·       | \$6,670.00                         | \$9,793.00           | \$0.00               |
| Creditor's Name   | <u> </u>                 | time share   |              | ψο,οτο.οο                          | Ψ3,733.00            | Ψ0.00                |
|   |                          | unie share   |              |                                    |                      |                      |
|   |                          |  |              |                                    |                      |                      |
| 1200 Bart   | ow Rd. Suite 14          | As of the date you file, the claim is: Check apply.                                      | k all that   |                                    |                      |                      |
| Lakeland,   | , FL 33801               | ☐ Contingent   |              |                                    |                      |                      |
| Number, Street  | , City, State & Zip Code | ☐ Unliquidated   |              |                                    |                      |                      |
|   |                          | ☐ Disputed   |              |                                    |                      |                      |
| Who owes the de   | ebt? Check one.          | Nature of lien. Check all that apply.  |              |                                    |                      |                      |
| Debtor 1 only   |                          | An agreement you made (such as morto car loan)   | gage or secu | ıred                               |                      |                      |
| Debtor 2 only   |                          | oai ioaiij   |              |                                    |                      |                      |

Official Form 106D

■ Debtor 1 and Debtor 2 only

lacksquare At least one of the debtors and another

 $\square$  Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

# Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Document Page 18 of 62

| Debtor 1 Laura J Davi  |   | ase number (if know)     |              |          |
|--|---|--------------------------|--------------|----------|
| First Name Middle N  | lame Last Name  |                          |              |          |
| Debtor 2 Kenneth A Davi First Name Middle N                            | lame Last Name  |                          |              |          |
|  |   |                          |              |          |
| ☐ Check if this claim relates to a community debt                      | Other (including a right to offset)   |                          |              |          |
| Opened 12/11 Last Active Date debt was incurred 2/27/17                | Last 4 digits of account number 0580  |                          |              |          |
|  | <del></del>   |                          |              |          |
| 2.3 Marriott Ownership   | Describe the property that secures the claim:                                       | \$3,123.00               | \$9,793.00   | \$0.00   |
| Creditor's Name  | time share  |                          |              |          |
|  |   |                          |              |          |
| 1200 Bartow Rd. Suite 14<br>Lakeland, FL 33801                         | As of the date you file, the claim is: Check all that apply.                        |                          |              |          |
| <u> </u>   | Contingent  |                          |              |          |
| Number, Street, City, State & Zip Code                                 | ☐ Unliquidated ☐ Disputed   |                          |              |          |
| Who owes the debt? Check one.  | Nature of lien. Check all that apply.   |                          |              |          |
| Debtor 1 only  | ☐ An agreement you made (such as mortgage or secur                                  | ed                       |              |          |
| ☐ Debtor 2 only  | car loan)   |                          |              |          |
| ■ Debtor 1 and Debtor 2 only   | ☐ Statutory lien (such as tax lien, mechanic's lien)                                |                          |              |          |
| $\square$ At least one of the debtors and another                      | ☐ Judgment lien from a lawsuit  |                          |              |          |
| ☐ Check if this claim relates to a community debt                      | Other (including a right to offset)   |                          |              |          |
| Opened 04/08 Last Active 2/04/17                                       | Last 4 digits of account number 5159  |                          |              |          |
| 2.4 Us Bank Home Mortgage  | Describe the property that secures the claim:                                       | \$230,357.00             | \$230,000.00 | \$357.00 |
| Creditor's Name  | 16512 W. Pocasset Ct. Lockport, IL  |                          |              |          |
| Attn: Bankruptcy   | 60441 Will County   |                          |              |          |
| Po Box 5229  | As of the date you file, the claim is: Check all that                               |                          |              |          |
| Cincinnati, OH 45201   | apply.<br>□ Contingent  |                          |              |          |
| Number, Street, City, State & Zip Code                                 | ☐ Unliquidated  |                          |              |          |
|  | ☐ Disputed  |                          |              |          |
| Who owes the debt? Check one.  | Nature of lien. Check all that apply.   |                          |              |          |
| Debtor 1 only  | ☐ An agreement you made (such as mortgage or secur car loan)                        | ed                       |              |          |
| Debtor 2 only  |   |                          |              |          |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit |                          |              |          |
| ☐ Check if this claim relates to a                                     | ☐ Other (including a right to offset)   |                          |              |          |
| community debt   |   |                          |              |          |
|  |   |                          |              |          |
| Opened<br>12/10 Last   |   |                          |              |          |
| 12/10 Last<br>Active   |   |                          |              |          |
| 12/10 Last   | Last 4 digits of account number 3908  |                          |              |          |
| 12/10 Last<br>Active   | Last 4 digits of account number 3908  |                          |              |          |
| Date debt was incurred 9/16/16   |   | <b>***</b>               | 00           |          |
| Date debt was incurred 9/16/16   | Column A on this page. Write that number here:                                      | \$249,003.<br>\$249,003. |              |          |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is

# Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Document Page 19 of 62

| Debtor 1 | Laura J Davi   |             |           | Case number (if know) |  |
|----------|----------------|-------------|-----------|-----------------------|--|
|          | First Name     | Middle Name | Last Name |                       |  |
| Debtor 2 | Kenneth A Davi |             |           |                       |  |
| •        | First Name     | Middle Name | Last Name |                       |  |

trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main

|  | 0436 17 10011  | Document   | Page 20 of 62   | 7.11.10                    | o main                    |
|--|--|--|---|----------------------------|---------------------------|
| Fill in thi                            | is information to identify your  |  |   |                            |                           |
| Debtor 1                               | Laura J Davi   |  |   |                            |                           |
| 20210                                  | First Name   | Middle Name  | Last Name   | _                          |                           |
| Debtor 2                               | Kenneth A Davi   |  |   |                            |                           |
| (Spouse if, f                          | iling) First Name  | Middle Name  | Last Name   |                            |                           |
| United St                              | tates Bankruptcy Court for the:  | NORTHERN DISTRICT OF IL  | LINOIS  |                            |                           |
| Case nur                               | mber   |  |   |                            |                           |
| (if known)                             |  |  |   |                            | heck if this is an        |
|  |  |  |   | a                          | mended filing             |
| Officia                                | I Form 106E/F  |  |   |                            |                           |
|  |  | /ho Have Unsecured   | Claims  |                            | 12/15                     |
|  |  |  | TY claims and Part 2 for creditors w  | AL MONDDIODITY ALS:        |                           |
| Schedule I<br>left. Attach<br>name and | D: Creditors Who Have Claims Sec<br>the Continuation Page to this pag<br>case number (if known). | eured by Property. If more space is ge. If you have no information to re | Do not include any creditors with pa<br>needed, copy the Part you need, fill<br>port in a Part, do not file that Part. C    | l it out, number the en    | tries in the boxes on the |
| Part 1:                                | List All of Your PRIORITY Ur   |  |   |                            |                           |
|  | y creditors have priority unsecure   | ed claims against you?   |   |                            |                           |
| ■ No                                   | o. Go to Part 2.   |  |   |                            |                           |
| ☐ Ye                                   | es.  |  |   |                            |                           |
| Part 2:                                | List All of Your NONPRIORIT  | TY Unsecured Claims  |   |                            |                           |
| 3. Do an                               | y creditors have nonpriority unse  | cured claims against you?  |   |                            |                           |
| □ No                                   | o. You have nothing to report in this p  | part. Submit this form to the court with                                 | your other schedules.   |                            |                           |
| ■ Ye                                   | ac.  |  |   |                            |                           |
|  |  |  |   |                            |                           |
| unsec                                  | sured claim, list the creditor separatel one creditor holds a particular claim,                  | y for each claim. For each claim listed                                  | he creditor who holds each claim. If<br>d, identify what type of claim it is. Do n<br>have more than three nonpriority unse | ot list claims already inc | luded in Part 1. If more  |
|  |  |  |   |                            | Total claim               |
| 4.1                                    | All Pets Hospital  | Last 4 digits of acc   | count number 8034   |                            | \$317.00                  |
|  | Ionpriority Creditor's Name  |  |   |                            |                           |
|  | 200 Read Street  | When was the deb   | t incurred?   |                            | -                         |
|  | Lockport, IL 60441  Jumber Street City State Zlp Code  | As of the date you   | file, the claim is: Check all that apply  | ,                          |                           |
|  | Who incurred the debt? Check one.  | As of the date you   | The, the dam is. Oneck an that apply  | ,                          |                           |
| [                                      | Debtor 1 only  | ☐ Contingent   |   |                            |                           |
|  | Debtor 2 only  | ☐ Unliquidated   |   |                            |                           |
| _                                      | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |                            |                           |
| _                                      | _  | T (NONDRIO   | RITY unsecured claim:   |                            |                           |
| _                                      | At least one of the debtors and an   |  |   |                            |                           |
|  | ☐ Check if this claim is for a com<br>lebt   | munity   | ng out of a separation agreement or di  | vorce that you did not     |                           |
| ls                                     | s the claim subject to offset?   | report as priority cla   |   |                            |                           |
| ı                                      | No   | ☐ Debts to pension   | n or profit-sharing plans, and other sim  | ilar debts                 |                           |
| [                                      | ☐Yes   | Other. Specify   |   |                            |                           |
|  |  |  |   |                            |                           |

Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Document Page 21 of 62

| Debtor 2 Kenneth A Davi |  | Case number (if know)   |            |  |  |
|-------------------------|--|---|------------|--|--|
| 4.2                     | American Express Nonpriority Creditor's Name                                   | Last 4 digits of account number   | \$5,767.00 |  |  |
|                         | P.O. Box 26312<br>Lehigh Valley, PA 18002-6312                                 | When was the debt incurred? 11-20-2015  |            |  |  |
|                         | Number Street City State Zlp Code  Who incurred the debt? Check one.           | As of the date you file, the claim is: Check all that apply   |            |  |  |
|                         | ☐ Debtor 1 only  | ☐ Contingent  |            |  |  |
|                         | Debtor 2 only  | ☐ Unliquidated  |            |  |  |
|                         | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |  |  |
|                         | At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |  |  |
|                         |  | Student loans   |            |  |  |
|                         | ☐ Check if this claim is for a community debt  Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |  |  |
|                         | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |  |  |
|                         |  |   |            |  |  |
|                         | ☐ Yes  | Other. Specify judgment 15 SC 4027  |            |  |  |
| 4.3                     | American Surgical Nonpriority Creditor's Name                                  | Last 4 digits of account number 2042  | \$32.19    |  |  |
|                         | Richmond SA Services Inc<br>Houston, TX 77074-2053                             | When was the debt incurred?   |            |  |  |
|                         | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |            |  |  |
|                         | Who incurred the debt? Check one.  |   |            |  |  |
|                         | Debtor 1 only  | ☐ Contingent  |            |  |  |
|                         | Debtor 2 only  | ☐ Unliquidated  |            |  |  |
|                         | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |  |  |
|                         | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured claim:  |            |  |  |
|                         | ☐ Check if this claim is for a community                                       | ☐ Student loans   |            |  |  |
|                         | debt   | lacktriangle Obligations arising out of a separation agreement or divorce that you did not                |            |  |  |
|                         | Is the claim subject to offset?  | report as priority claims   |            |  |  |
|                         | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |            |  |  |
|                         | Yes  | Other. Specify  |            |  |  |
| 4.4                     | Associated Radiologists  | Last 4 digits of account number 3601  | \$26.20    |  |  |
|                         | Nonpriority Creditor's Name 6301 W. 73rd Street #637                           | When was the debt incurred?   |            |  |  |
|                         | Bedford Park, IL 60499-0637  | When was the debt incurred?   |            |  |  |
|                         | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |            |  |  |
|                         | Who incurred the debt? Check one.  |   |            |  |  |
|                         | Debtor 1 only  | ☐ Contingent  |            |  |  |
|                         | Debtor 2 only  | ☐ Unliquidated  |            |  |  |
|                         | ■ Debtor 1 and Debtor 2 only   | □ Disputed  |            |  |  |
|                         | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured claim:  |            |  |  |
|                         | ☐ Check if this claim is for a community                                       | ☐ Student loans   |            |  |  |
|                         | debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |            |  |  |
|                         | Is the claim subject to offset?  | report as priority claims   |            |  |  |
|                         | ■ No □ Debts to pension or profit-sharing plans, and other similar debts       |   |            |  |  |
|                         | ☐ Yes  | Other. Specify  |            |  |  |
|                         |  |   |            |  |  |

Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Document Page 22 of 62

|   | Laura J Davi<br>Kenneth A Davi  |   | Case number (if know)                        |            |  |
|---|---|---|--|------------|--|
|   | Athletic and Therapeutic Inst.  | Last 4 digits of account number                                   | 5707   | \$300.50   |  |
|   | Nonpriority Creditor's Name<br>4947 Paysphere Circle<br>Chicago, IL 60674 | When was the debt incurred?                                       |  |            |  |
| _ | Number Street City State Zlp Code  Who incurred the debt? Check one.      | As of the date you file, the claim                                | s: Check all that apply                      |            |  |
|   | Debtor 1 only   | ☐ Contingent  |  |            |  |
|   | Debtor 2 only   | ☐ Unliquidated  |  |            |  |
|   | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |            |  |
|   | ☐ At least one of the debtors and another                                 | Type of NONPRIORITY unsecured                                     | d claim:                                     |            |  |
|   | ☐ Check if this claim is for a community                                  | ☐ Student loans   |  |            |  |
|   | debt<br>Is the claim subject to offset?                                   | ☐ Obligations arising out of a separeport as priority claims      | ration agreement or divorce that you did not |            |  |
|   | ■ No  | Debts to pension or profit-sharing                                | g plans, and other similar debts             |            |  |
|   | Yes   | Other. Specify  |  |            |  |
| I | Blitt & Gaines P.C. Nonpriority Creditor's Name                           | Last 4 digits of account number                                   | 4608   | \$0.00     |  |
|   | 661 Glen Avenue   | When was the debt incurred?                                       |  |            |  |
| _ | Wheeling, IL 60090  |   |  |            |  |
|   | Number Street City State Zlp Code  Who incurred the debt? Check one.      | As of the date you file, the claim                                | s: Check all that apply                      |            |  |
|   | ■ Debtor 1 only   | O continuent  |  |            |  |
|   | Debtor 2 only   | ☐ Contingent  |  |            |  |
|   | Debtor 1 and Debtor 2 only  | ☐ Unliquidated☐ Disputed  |  |            |  |
|   | ☐ At least one of the debtors and another                                 | Type of NONPRIORITY unsecure                                      |  |            |  |
|   | Check if this claim is for a community                                    | ☐ Student loans   |  |            |  |
|   | debt Is the claim subject to offset?                                      | ☐ Obligations arising out of a separeport as priority claims      |  |            |  |
|   | ■ No  | Debts to pension or profit-sharing                                |  |            |  |
|   | Yes   | Other. Specify Capital One  |  |            |  |
|   | Capital One   | Last 4 digits of account number                                   | 5917   | \$8,392.00 |  |
|   | Nonpriority Creditor's Name Po Box 30285 Salt Lake City, UT 84130         | When was the debt incurred?                                       | Opened 04/08 Last Active 1/14/15             |            |  |
| - | Number Street City State Zlp Code Who incurred the debt? Check one.       | As of the date you file, the claim                                | s: Check all that apply                      |            |  |
|   | Debtor 1 only   | ☐ Contingent  |  |            |  |
|   | ☐ Debtor 2 only   | ☐ Unliquidated  |  |            |  |
|   | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |            |  |
|   | ☐ At least one of the debtors and another                                 | Type of NONPRIORITY unsecure                                      | d claim:                                     |            |  |
|   | $\square$ Check if this claim is for a community                          | ☐ Student loans   |  |            |  |
|   | debt<br>Is the claim subject to offset?                                   | report as priority claims   | ration agreement or divorce that you did not |            |  |
|   | ■ No  | Debts to pension or profit-sharing plans, and other similar debts |  |            |  |
|   | Yes   | Other. Specify Credit Card  | <u> </u>                                     |            |  |

Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Document Page 23 of 62

| Debtor 2 Kenneth A Davi |  | Case number (if know)   |          |  |  |  |
|-------------------------|--|---|----------|--|--|--|
| 4.8                     | Cda/Pontiac  | Last 4 digits of account number 5800  | \$134.00 |  |  |  |
|                         | Nonpriority Creditor's Name Attn:Bankruptcy Po Box 213                                   | When was the debt incurred? Opened 12/14  |          |  |  |  |
|                         | Streator, IL 61364  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |          |  |  |  |
|                         | ■ Debtor 1 only  | ☐ Contingent  |          |  |  |  |
|                         | Debtor 2 only  | ☐ Unliquidated  |          |  |  |  |
|                         | Debtor 1 and Debtor 2 only   | □ Disputed  |          |  |  |  |
|                         | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |          |  |  |  |
|                         | ☐ Check if this claim is for a community   | ☐ Student loans   |          |  |  |  |
|                         | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |  |  |  |
|                         | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |          |  |  |  |
|                         | □Yes   | ■ Other. Specify Collection Attorney Mri Of Parkview Ortho/Pmi  |          |  |  |  |
| 4.9                     | Cda/Pontiac Nonpriority Creditor's Name  | Last 4 digits of account number 9931  | \$128.00 |  |  |  |
|                         | Attn:Bankruptcy Po Box 213   | When was the debt incurred? Opened 07/16  |          |  |  |  |
|                         | Streator, IL 61364   | _   |          |  |  |  |
|                         | Number Street City State Zlp Code  Who incurred the debt? Check one.                     | As of the date you file, the claim is: Check all that apply   |          |  |  |  |
|                         | ■ Debtor 1 only  | ☐ Contingent  |          |  |  |  |
|                         | Debtor 2 only  | ☐ Unliquidated  |          |  |  |  |
|                         | Debtor 1 and Debtor 2 only   | □ Disputed  |          |  |  |  |
|                         | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |          |  |  |  |
|                         | ☐ Check if this claim is for a community   | ☐ Student loans   |          |  |  |  |
|                         | debt Is the claim subject to offset?   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |          |  |  |  |
|                         | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |          |  |  |  |
|                         | Yes  | ■ Other. Specify Collection Attorney Pronger Smith Clinic   |          |  |  |  |
| 4.1                     | Cda/Pontiac  | Last 4 digits of account number 4477  | \$100.00 |  |  |  |
|                         | Nonpriority Creditor's Name Attn:Bankruptcy Po Box 213                                   | When was the debt incurred? Opened 10/14  |          |  |  |  |
|                         | Streator, IL 61364  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |          |  |  |  |
|                         | Debtor 1 only  | ☐ Contingent  |          |  |  |  |
|                         | Debtor 2 only  | ☐ Unliquidated  |          |  |  |  |
|                         | Debtor 1 and Debtor 2 only   | ☐ Disputed  |          |  |  |  |
|                         | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |          |  |  |  |
|                         | ☐ Check if this claim is for a community   | ☐ Student loans   |          |  |  |  |
|                         | debt   | Obligations arising out of a separation agreement or divorce that you did not                             |          |  |  |  |
|                         | Is the claim subject to offset?  | report as priority claims   |          |  |  |  |
|                         | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |          |  |  |  |
|                         | Yes  | ■ Other. Specify Group  |          |  |  |  |

Debtor 1 Laura J Davi

Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Document Page 24 of 62

| Debto<br>Debto | r 1 Laura J Davi<br>r 2 Kenneth A Davi  |   | Case number (if know)                        |             |
|----------------|---|---|--|-------------|
| 4.1<br>1       | Chase Card  | Last 4 digits of account number   | 0066   | \$10,551.00 |
|                | Nonpriority Creditor's Name Attn: Correspondence Po Box 15298 Wilmington, DE 19850                                | When was the debt incurred?   | Opened 05/09 Last Active 1/20/15             |             |
|                | Number Street City State ZIp Code  Who incurred the debt? Check one.  | As of the date you file, the claim i  | s: Check all that apply                      |             |
|                | ☐ Debtor 1 only ☐ Debtor 2 only   | ☐ Contingent ☐ Unliquidated   |  |             |
|                | ■ Debtor 1 and Debtor 2 only  □ At least one of the debtors and another  □ Check if this claim is for a community | ☐ Disputed  Type of NONPRIORITY unsecured ☐ Student loans   | d claim:                                     |             |
|                | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims  | ration agreement or divorce that you did not |             |
|                | ■ No □ Yes  | □ Debts to pension or profit-sharing  ■ Other. Specify Credit Card                                |  |             |
| 4.1            | Chase Card Nonpriority Creditor's Name  | Last 4 digits of account number   | 8427   | \$9,195.00  |
|                | Po Box 15298<br>Wilmington, DE 19850  | When was the debt incurred?   | Opened 09/98 Last Active 1/20/15             |             |
|                | Number Street City State Zlp Code Who incurred the debt? Check one.   | As of the date you file, the claim i  | s: Check all that apply                      |             |
|                | ☐ Debtor 1 only   | ☐ Contingent  |  |             |
|                | Debtor 2 only   | ☐ Unliquidated  |  |             |
|                | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |             |
|                | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecured   | d claim:                                     |             |
|                | ☐ Check if this claim is for a community  | ☐ Student loans   |  |             |
|                | debt Is the claim subject to offset?  | ☐ Obligations arising out of a sepa report as priority claims ☐ Debts to pension or profit-sharin | ration agreement or divorce that you did not |             |
|                | ■ No  |   |  |             |
|                | Yes   | ■ Other. Specify Credit Card  |  |             |
| 4.1<br>3       | Chase Card Services  Nonpriority Creditor's Name  | Last 4 digits of account number   | 7991   | \$3,372.00  |
|                | Attn: Correspondence Dept<br>Po Box 15298<br>Wilmington, DE 19850   | When was the debt incurred?   | Opened 05/06 Last Active 1/20/15             |             |
|                | Number Street City State Zlp Code Who incurred the debt? Check one.   | As of the date you file, the claim i  | s: Check all that apply                      |             |
|                | Debtor 1 only   | ☐ Contingent  |  |             |
|                | ☐ Debtor 2 only   | ☐ Unliquidated  |  |             |
|                | Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |             |
|                | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured   | d claim:                                     |             |
|                | ☐ Check if this claim is for a community debt   | ☐ Student loans ☐ Obligations arising out of a sepa   | ration agreement or divorce that you did not |             |
|                | Is the claim subject to offset?   | report as priority claims   |  |             |
|                | No  | Debts to pension or profit-sharin   |  |             |
|                | Yes   | Other. Specify Credit Card  | <u> </u>                                     |             |

Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Document Page 25 of 62

|          | Laura J Davi<br>Kenneth A Davi   |   | Case number (if know)                        |            |
|----------|--|---|--|------------|
| 4.1      | Citibank   | Last 4 digits of account number                               | 3665   | \$2,816.00 |
|          | Nonpriority Creditor's Name Citicorp Credit Srvs/Centralized Bankrup Po Box 790040 Saint Louis, MO 63179 | When was the debt incurred?                                   | Opened 07/05 Last Active 1/08/15             |            |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.                                     | As of the date you file, the claim i                          |  |            |
|          | Debtor 1 only  | ☐ Contingent  |  |            |
|          | Debtor 2 only  | ☐ Unliquidated  |  |            |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |            |
|          | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                 | d claim:                                     |            |
|          | ☐ Check if this claim is for a community   | ☐ Student loans   |  |            |
|          | debt Is the claim subject to offset?   | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not |            |
|          | ■ No   | Debts to pension or profit-sharing                            | g plans, and other similar debts             |            |
|          | Yes  | Other Specify Credit Card                                     | <u> </u>                                     |            |
| 4.1<br>5 | Citibank/ Best Buy  Nonpriority Creditor's Name  | Last 4 digits of account number                               | 0248   | \$3,556.76 |
|          | Centralized Bankruptcy P.O. Box 790040 Saint Louis, MO 63179   | When was the debt incurred?                                   |  |            |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.                                      | As of the date you file, the claim i                          |  |            |
|          | ☐ Debtor 1 only  | ☐ Contingent  |  |            |
|          | Debtor 2 only  | ☐ Unliquidated  |  |            |
|          | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |            |
|          | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                 | d claim:                                     |            |
|          | ☐ Check if this claim is for a community   | ☐ Student loans   |  |            |
|          | debt Is the claim subject to offset?   | Obligations arising out of a sepa report as priority claims   |  |            |
|          | No   | Debts to pension or profit-sharin                             | g plans, and other similar debts             |            |
|          | Yes  | Other. Specify  |  |            |
| 4.1<br>6 | Citibank/The Home Depot  Nonpriority Creditor's Name   | Last 4 digits of account number                               | 1678   | \$105.00   |
|          | Citicorp Cr Srvs/Centralized Bankruptcy Po Box 790040 S Louis, MO 63129                                  | When was the debt incurred?                                   | Opened 05/04 Last Active 10/05/16            |            |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.                                     | As of the date you file, the claim i                          | s: Check all that apply                      |            |
|          | Debtor 1 only  | ☐ Contingent  |  |            |
|          | Debtor 2 only  | ☐ Unliquidated  |  |            |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |            |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                 | d claim:                                     |            |
|          | ☐ Check if this claim is for a community   | ☐ Student loans   |  |            |
|          | debt   |   | ration agreement or divorce that you did not |            |
|          | Is the claim subject to offset?  | report as priority claims  Debts to pension or profit-sharin  | a plane, and other cimilar debte             |            |
|          | ■ No   |   |  |            |
|          | ☐ Yes  | ■ Other. Specify Charge Acc                                   | Jount  |            |

Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Document Page 26 of 62

|          | or 2 Kenneth A Davi  |   | Case number (if know)                         |            |
|----------|--|---|---|------------|
| 4.1<br>7 | Comenity Bank/Carsons  | Last 4 digits of account number   | 1174  | \$1,761.00 |
|          | Nonpriority Creditor's Name  | _   |   |            |
|          | Po Box 182125<br>Columbus, OH 43218  | When was the debt incurred?   | Opened 07/12 Last Active 9/01/16              |            |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.   | As of the date you file, the claim  | is: Check all that apply                      |            |
|          | Debtor 1 only  | ☐ Contingent  |   |            |
|          | Debtor 2 only  | ☐ Unliquidated  |   |            |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |            |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure  | d claim:                                      |            |
|          | ☐ Check if this claim is for a community   | ☐ Student loans   |   |            |
|          | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims                    | aration agreement or divorce that you did not |            |
|          | ■ No   | Debts to pension or profit-sharing  | ng plans, and other similar debts             |            |
|          | Yes  | Other. Specify Charge Ac  | count   |            |
| 4.1<br>8 | Creditors Discount and Audit   | Last 4 digits of account number   | 7975  | \$553.88   |
|          | Nonpriority Creditor's Name 415 E. Main Street Streator, IL 61364  | When was the debt incurred?   |   |            |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.   | As of the date you file, the claim  | is: Check all that apply                      |            |
|          | ☐ Debtor 1 only  | ☐ Contingent  |   |            |
|          | Debtor 2 only  | ☐ Unliquidated  |   |            |
|          | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |            |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure  | d claim:                                      |            |
|          | ☐ Check if this claim is for a community   | ☐ Student loans   |   |            |
|          | debt Is the claim subject to offset?   | _   | aration agreement or divorce that you did not |            |
|          | ■ No   | Debts to pension or profit-sharing  | ng plans, and other similar debts             |            |
|          | Yes  | Other. Specify multiple ac  | cts   |            |
| 4.1<br>9 | EM Strategies  | Last 4 digits of account number   | 1847  | \$24.23    |
| <u> </u> | Nonpriority Creditor's Name P.O. Box 366   | When was the debt incurred?   |   | ·          |
|          | Hinsdale, IL 60522  Number Street City State Zlp Code  Who incurred the debt? Check one.   | As of the date you file, the claim  | is: Check all that apply                      |            |
|          | Debtor 1 only  | -   |   |            |
|          |  | Contingent  |   |            |
|          | □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Type of NONPRIORITY unsecur |   |   |            |
|          |  |   | d alaim.                                      |            |
|          |  |   | a ciaiifi:                                    |            |
|          | ☐ Check if this claim is for a community debt Is the claim subject to offset?  | ☐ Student loans ☐ Obligations arising out of a separe report as priority claims | aration agreement or divorce that you did not |            |
|          | ■ No   | Debts to pension or profit-sharir   | ng plans, and other similar debts             |            |
|          |  | <u> </u>  | es practo, and outer diffillal dobte          |            |
|          | ☐ Yes  | Other. Specify  |   |            |

Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Document Page 27 of 62

|     | 1 Laura J Davi<br>2 Kenneth A Davi   |  | Case number (if know)                        |            |
|-----|--|--|--|------------|
| 4.2 | Grace Care LLC   | Last 4 digits of account number                              | 6544   | \$69.76    |
|     | Nonpriority Creditor's Name PO Box 1570 Prince Frederick, MD 20678                                   | When was the debt incurred?                                  |  |            |
|     | Number Street City State Zlp Code  | As of the date you file, the claim                           | s: Check all that apply                      |            |
|     | Who incurred the debt? Check one.  | _  |  |            |
|     | Debtor 1 only  | Contingent   |  |            |
|     | Debtor 2 only  | ☐ Unliquidated   |  |            |
|     | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |
|     | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                | d claim:                                     |            |
|     | ☐ Check if this claim is for a community debt  |  | ration agreement or divorce that you did not |            |
|     | Is the claim subject to offset?  | report as priority claims                                    |  |            |
|     | No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |            |
|     | Yes  | Other. Specify   |  |            |
| 4.2 | Kansas Couselors Inc   | Last 4 digits of account number                              | 3278   | \$107.61   |
|     | Nonpriority Creditor's Name P.O. Box 14765 Showned Mission KS 66385 4765                             | When was the debt incurred?                                  |  |            |
|     | Shawnee Mission, KS 66285-4765  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | s: Check all that apply                      |            |
|     | ☐ Debtor 1 only  | ☐ Contingent   |  |            |
|     | ☐ Debtor 2 only  | ☐ Unliquidated   |  |            |
|     | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |
|     | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                | d claim:                                     |            |
|     | ☐ Check if this claim is for a community   | ☐ Student loans  |  |            |
|     | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
|     | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |            |
|     | Yes  | Other. Specify   |  |            |
| 4.2 | Kohls/Capital One  | Last 4 digits of account number                              | 7928   | \$2,297.00 |
|     | Nonpriority Creditor's Name  |  | Opened 10/03   cat Active                    |            |
|     | Po Box 3120<br>Milwaukee, WI 53201   | When was the debt incurred?                                  | Opened 10/03 Last Active 9/01/16             |            |
|     | Number Street City State Zlp Code  Who incurred the debt? Check one.                                 | As of the date you file, the claim                           | s: Check all that apply                      |            |
|     | Debtor 1 only  | ☐ Contingent   |  |            |
|     | ☐ Debtor 2 only  | ☐ Unliquidated   |  |            |
|     | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |
|     | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                 | d claim:                                     |            |
|     | ☐ Check if this claim is for a community   | ☐ Student loans  |  |            |
|     | debt<br>Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not |            |
|     | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |            |
|     | Yes  | ■ Other. Specify Charge Acc                                  | count  |            |

Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Document Page 28 of 62

| Debt     | Kenneth A Davi   | Case number (if know)   | Case number (if know) |  |  |  |
|----------|--|---|-----------------------|--|--|--|
| 4.2<br>3 | Loyola University Medical Center                                   | Last 4 digits of account number 1602  | \$37.62               |  |  |  |
|          | Nonpriority Creditor's Name P.O. Box 3021 Milwaukee, WI 53201-3021 | When was the debt incurred?   |                       |  |  |  |
|          | Number Street City State ZIp Code                                  | As of the date you file, the claim is: Check all that apply   |                       |  |  |  |
|          | Who incurred the debt? Check one.                                  |   |                       |  |  |  |
|          | Debtor 1 only  | ☐ Contingent  |                       |  |  |  |
|          | Debtor 2 only  | ☐ Unliquidated  |                       |  |  |  |
|          | ■ Debtor 1 and Debtor 2 only                                       | □ Disputed  |                       |  |  |  |
|          | ☐ At least one of the debtors and another                          | Type of NONPRIORITY unsecured claim:  |                       |  |  |  |
|          | ☐ Check if this claim is for a community                           | ☐ Student loans   |                       |  |  |  |
|          | debt Is the claim subject to offset?                               | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |                       |  |  |  |
|          | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts   |                       |  |  |  |
|          | Yes  | Other. Specify  |                       |  |  |  |
| 1.2      | Med Business Bureau  | Last 4 digits of account number 0955  | \$64.00               |  |  |  |
| 1        | Nonpriority Creditor's Name  | Last 4 digits of account number 0955  | Ψ04.00                |  |  |  |
|          | 1460 Renaissance Dr<br>Suite 400                                   | When was the debt incurred?   |                       |  |  |  |
|          | Park Ridge, IL 60068   | _   |                       |  |  |  |
|          | Number Street City State Zlp Code                                  | As of the date you file, the claim is: Check all that apply   |                       |  |  |  |
|          | Who incurred the debt? Check one.                                  |   |                       |  |  |  |
|          | Debtor 1 only  | Contingent  |                       |  |  |  |
|          | Debtor 2 only  | Unliquidated  |                       |  |  |  |
|          | Debtor 1 and Debtor 2 only   | Disputed  |                       |  |  |  |
|          | At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  |                       |  |  |  |
|          | ☐ Check if this claim is for a community debt                      | ☐ Student loans   |                       |  |  |  |
|          | Is the claim subject to offset?                                    | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |                       |  |  |  |
|          | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts   |                       |  |  |  |
|          | ☐ Yes  | ■ Other Specify Palos Anesthesia Assoc  |                       |  |  |  |
|          |  | — Offier. Specify   |                       |  |  |  |
| 1.2<br>5 | Med Business Bureau  Nonpriority Creditor's Name                   | Last 4 digits of account number 4089  | \$59.00               |  |  |  |
|          | 1460 Renaissance Dr<br>Suite 400                                   | When was the debt incurred?   |                       |  |  |  |
|          | Park Ridge, IL 60068   |   |                       |  |  |  |
|          | Number Street City State Zlp Code                                  | As of the date you file, the claim is: Check all that apply   |                       |  |  |  |
|          | Who incurred the debt? Check one.                                  | _   |                       |  |  |  |
|          | ■ Debtor 1 only  | Contingent  |                       |  |  |  |
|          | ☐ Debtor 2 only  | Unliquidated  |                       |  |  |  |
|          | Debtor 1 and Debtor 2 only   | Disputed  |                       |  |  |  |
|          | At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  Student loans   |                       |  |  |  |
|          | ☐ Check if this claim is for a community debt                      |   |                       |  |  |  |
|          | Is the claim subject to offset?                                    | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |                       |  |  |  |
|          | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts   |                       |  |  |  |
|          | ☐ Yes  | ■ Other. Specify Palos Anesthesia Assoc   |                       |  |  |  |
|          |  | — Guier, Specify three-th |                       |  |  |  |

Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Document Page 29 of 62

| Debtor<br>Debtor | Laura J Davi<br>Kenneth A Davi   | Case number (if know)  |                  |
|------------------|--|--|------------------|
| 4.2              | Midland Credit Management, Inc.  | Last 4 digits of account number 0248   | \$3,556.76       |
|                  | Nonpriority Creditor's Name 2365 Northside Drive Suite 300 San Diego, CA 92108 | When was the debt incurred?  |                  |
|                  | Number Street City State Zlp Code Who incurred the debt? Check one.            | As of the date you file, the claim is: Check all that apply                                      |                  |
|                  | ☐ Debtor 1 only  | ☐ Contingent   |                  |
|                  | Debtor 2 only  | ☐ Unliquidated   |                  |
|                  | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed   |                  |
|                  | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured claim:   |                  |
|                  | ☐ Check if this claim is for a community                                       | ☐ Student loans  |                  |
|                  | debt<br>Is the claim subject to offset?  | $\square$ Obligations arising out of a separation agreement or divorce report as priority claims | that you did not |
|                  | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar de                         | ebts             |
|                  | Yes  | Other. Specify Midland Funding   |                  |
| 4.2              | MRS BPO LLC  | Last 4 digits of account number 0778   | \$0.00           |
|                  | Nonpriority Creditor's Name<br>1930 Olney avenue<br>Cherry Hill, NJ 08003      | When was the debt incurred?  |                  |
|                  | Number Street City State Zlp Code  Who incurred the debt? Check one.           | As of the date you file, the claim is: Check all that apply                                      |                  |
|                  | ☐ Debtor 1 only  | ☐ Contingent   |                  |
|                  | Debtor 2 only  | ☐ Unliquidated   |                  |
|                  | ■ Debtor 1 and Debtor 2 only   | □ Disputed   |                  |
|                  | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured claim:   |                  |
|                  | ☐ Check if this claim is for a community                                       | ☐ Student loans  |                  |
|                  | debt Is the claim subject to offset?   | $\square$ Obligations arising out of a separation agreement or divorce report as priority claims | that you did not |
|                  | No   | $\square$ Debts to pension or profit-sharing plans, and other similar de                         | ebts             |
|                  | Yes  | Other. Specify Chase Bank notice only  |                  |
| 4.2              | Naperville Radiologists  | Last 4 digits of account number 5179   | \$7.02           |
|                  | Nonpriority Creditor's Name<br>6910 S. Madison Street<br>Willowbrook, IL 60527 | When was the debt incurred?  |                  |
|                  | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply                                      |                  |
|                  | Who incurred the debt? Check one.  |  |                  |
|                  | ☐ Debtor 1 only  | ☐ Contingent   |                  |
|                  | ☐ Debtor 2 only  | ☐ Unliquidated   |                  |
|                  | ■ Debtor 1 and Debtor 2 only   | Disputed   |                  |
|                  | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured claim:   |                  |
|                  | ☐ Check if this claim is for a community                                       | ☐ Student loans  |                  |
|                  | debt<br>Is the claim subject to offset?  | $\square$ Obligations arising out of a separation agreement or divorce report as priority claims | that you did not |
|                  | ■ No   | lacksquare Debts to pension or profit-sharing plans, and other similar de                        | ebts             |
|                  | ☐ Yes  | ■ Other. Specify   |                  |

Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Document Page 30 of 62

| or 2 Kenneth A Davi   | Case number (if know)   |         |
|---|---|---------|
| Naperville Radiologists   | Last 4 digits of account number 5179  | \$7.0   |
| Nonpriority Creditor's Name 6910 S. Madison Street  | When was the debt incurred?   |         |
| Willowbrook, IL 60527  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |         |
| Debtor 1 only   | □ Contingent  |         |
| Debtor 2 only   | ☐ Unliquidated  |         |
| ■ Debtor 1 and Debtor 2 only  | ☐ Disputed  |         |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |         |
| ☐ Check if this claim is for a community  | ☐ Student loans   |         |
| debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |         |
| ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |         |
| Yes   | Other. Specify  |         |
| NCC Nationwide Credit & Collection  | Last 4 digits of account number loyola  | \$56.3  |
| Nonpriority Creditor's Name<br>815 Commerce Drive #270                                      | When was the debt incurred?   | ,       |
| Oak Brook, IL 60523-8852  Number Street City State Zlp Code                                 | As of the date you file, the claim is: Check all that apply   |         |
| Who incurred the debt? Check one.   | As of the date you file, the claim is. Offeck all that apply  |         |
| ☐ Debtor 1 only   | ☐ Contingent  |         |
| Debtor 2 only   | ☐ Unliquidated  |         |
| ■ Debtor 1 and Debtor 2 only  | ☐ Disputed  |         |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |         |
| ☐ Check if this claim is for a community  | ☐ Student loans   |         |
| debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |         |
| ■ No  | Debts to pension or profit-sharing plans, and other similar debts   |         |
| Yes   | Other. Specify  |         |
| NCC Nationwide Credit & Collection  | Last 4 digits of account number 8844  | \$122.0 |
| Nonpriority Creditor's Name<br>815 Commerce Drive #270                                      | When was the debt incurred?   |         |
| Oak Brook, IL 60523-8852  Number Street City State Zlp Code                                 | As of the date you file, the claim is: Check all that apply   |         |
| Who incurred the debt? Check one.   | , and an  |         |
| ☐ Debtor 1 only   | ☐ Contingent  |         |
| ☐ Debtor 2 only   | ☐ Unliquidated  |         |
| Debtor 1 and Debtor 2 only  | □ Disputed  |         |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |         |
| ☐ Check if this claim is for a community  | ☐ Student loans   |         |
| debt  | Obligations arising out of a separation agreement or divorce that you did not                             |         |
| Is the claim subject to offset?   | report as priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts            |         |
| ■ No  |   |         |
| Yes   | Other. Specify  |         |

Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Document Page 31 of 62

| Kenneth A Davi   | Case number (if know)   |           |
|--|---|-----------|
| Northland Group Inc.                                     | Last 4 digits of account number 2249  | \$2,816.3 |
| Nonpriority Creditor's Name P.O. box 390905              | When was the debt incurred?   |           |
| Minneapolis, MN 55439 Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |           |
| Who incurred the debt? Check one.                        | The of the date year may the dam's of the control and the apply   |           |
| ☐ Debtor 1 only  | ☐ Contingent  |           |
| Debtor 2 only  | ☐ Unliquidated  |           |
| ■ Debtor 1 and Debtor 2 only                             | ☐ Disputed  |           |
| ☐ At least one of the debtors and another                | Type of NONPRIORITY unsecured claim:  |           |
| ☐ Check if this claim is for a community                 | ☐ Student loans   |           |
| debt Is the claim subject to offset?                     | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |           |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |           |
| ☐ Yes  | Other. Specify Citibank 3665  |           |
| Northland Group Inc.                                     | Last 4 digits of account number 2249  | \$844.92  |
| Nonpriority Creditor's Name                              | Last 4 digits of account number   | Ψ01.1102  |
| P.O. box 390905  | When was the debt incurred?   |           |
| Minneapolis, MN 55439  Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply   |           |
| Who incurred the debt? Check one.                        | As of the date you me, the claim is. Oneck an that apply  |           |
| ☐ Debtor 1 only  | ☐ Contingent  |           |
| Debtor 2 only  | ☐ Unliquidated  |           |
| ■ Debtor 1 and Debtor 2 only                             | ☐ Disputed  |           |
| ☐ At least one of the debtors and another                | Type of NONPRIORITY unsecured claim:  |           |
| ☐ Check if this claim is for a community                 | ☐ Student loans   |           |
| debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |           |
| Is the claim subject to offset?                          | report as priority claims   |           |
| No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |           |
| Yes  | ■ Other. Specify Citibank 3665  |           |
| Partners in obstetrics and Women                         | Last 4 digits of account number 5334  | \$25.00   |
| Nonpriority Creditor's Name<br>1890 Silver Cross Blvd    | When was the debt incurred?   |           |
| Frankfort, IL 60423 Number Street City State Zlp Code    | As of the date you file, the claim is: Check all that apply   |           |
| Who incurred the debt? Check one.                        | The strain state year may and statement of book an unit apply   |           |
| Debtor 1 only  | ☐ Contingent  |           |
| Debtor 2 only  | ☐ Unliquidated  |           |
| ■ Debtor 1 and Debtor 2 only                             | ☐ Disputed  |           |
| ☐ At least one of the debtors and another                | Type of NONPRIORITY unsecured claim:  |           |
| ☐ Check if this claim is for a community                 | ☐ Student loans   |           |
| debt Is the claim subject to offset?                     | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |           |
| ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |           |
| □Yes   | Other. Specify  |           |

Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Document Page 32 of 62

| Debt     | or 2 Kenneth A Davi                                  | Case number (if know   | ·)                    |
|----------|--|--|-----------------------|
| 4.3      | Double Descuery                                      | 42.47  | £2.200.00             |
| 5        | Portfolio Recovery  Nonpriority Creditor's Name      | Last 4 digits of account number 4347   | \$2,269.00            |
|          | Po Box 41067<br>Norfolk, VA 23541                    | When was the debt incurred? Opened 09/15   |                       |
|          | Number Street City State Zlp Code                    | As of the date you file, the claim is: Check all that apply  |                       |
|          | Who incurred the debt? Check one.                    |  |                       |
|          | Debtor 1 only  | ☐ Contingent   |                       |
|          | Debtor 2 only  | ☐ Unliquidated   |                       |
|          | ☐ Debtor 1 and Debtor 2 only                         | ☐ Disputed   |                       |
|          | ☐ At least one of the debtors and another            | Type of NONPRIORITY unsecured claim:   |                       |
|          | ☐ Check if this claim is for a community             | ☐ Student loans  |                       |
|          | debt   | $\square$ Obligations arising out of a separation agreement or div   | orce that you did not |
|          | Is the claim subject to offset?                      | report as priority claims  |                       |
|          | ■ No   | ☐ Debts to pension or profit-sharing plans, and other simil  | ar debts              |
|          | Yes  | Factoring Company Account National Association   | t U.S. Bank           |
| 4.3      |  |  |                       |
| 4.3<br>6 | Portfolio recovery Assoc.                            | Last 4 digits of account number 1641   | \$2,313.00            |
|          | Nonpriority Creditor's Name P.O. box 12914           | When was the debt incurred?  |                       |
|          | Norfolk, VA 23541  Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply  |                       |
|          | Who incurred the debt? Check one.                    | ,  |                       |
|          | ☐ Debtor 1 only                                      | ☐ Contingent   |                       |
|          | Debtor 2 only  | ☐ Unliquidated   |                       |
|          | ■ Debtor 1 and Debtor 2 only                         | ☐ Disputed   |                       |
|          | ☐ At least one of the debtors and another            | Type of NONPRIORITY unsecured claim:   |                       |
|          | ☐ Check if this claim is for a community             | ☐ Student loans  |                       |
|          | debt   | ☐ Obligations arising out of a separation agreement or div   | orce that you did not |
|          | Is the claim subject to offset?                      | report as priority claims  |                       |
|          | ■ No   | ☐ Debts to pension or profit-sharing plans, and other simil  | ar debts              |
|          | Yes  | ■ Other. Specify Capital One   |                       |
| 4.3<br>7 | Silver Cross Hospital                                | Last 4 digits of account number 9681   | \$661.94              |
| '        | Nonpriority Creditor's Name                          |  | <u>-</u>              |
|          | 1900 Silver Cross Blvd<br>New Lenox, IL 60451-9508   | When was the debt incurred? 12/6/16  |                       |
|          | Number Street City State Zlp Code                    | As of the date you file, the claim is: Check all that apply  |                       |
|          | Who incurred the debt? Check one.                    | _  |                       |
|          | Debtor 1 only  | ☐ Contingent   |                       |
|          | Debtor 2 only  | ☐ Unliquidated   |                       |
|          | ■ Debtor 1 and Debtor 2 only                         | ☐ Disputed   |                       |
|          | $\square$ At least one of the debtors and another    | Type of NONPRIORITY unsecured claim:   |                       |
|          | Check if this claim is for a community               | ☐ Student loans  |                       |
|          | debt Is the claim subject to offset?                 | <ul> <li>Obligations arising out of a separation agreement or div<br/>report as priority claims</li> </ul> | orce that you did not |
|          | No   | ☐ Debts to pension or profit-sharing plans, and other simil  | ar dehte              |
|          |  | •  | ai dobio              |
|          | Yes  | ■ Other. Specify med bill  |                       |

Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Document Page 33 of 62

| Kenneth A Davi  | Case number (if know)   |         |
|---|---|---------|
| Silver Cross Hospital                                       | Last 4 digits of account number 0662  | \$20.06 |
| Nonpriority Creditor's Name 7008 Solution Center            | When was the debt incurred?   | ·       |
| Chicago, IL 60677-7000<br>Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply                     |         |
| Who incurred the debt? Check one.                           | , ,   |         |
| ☐ Debtor 1 only   | ☐ Contingent  |         |
| Debtor 2 only   | ☐ Unliquidated  |         |
| ■ Debtor 1 and Debtor 2 only                                | ☐ Disputed  |         |
| ☐ At least one of the debtors and another                   | Type of NONPRIORITY unsecured claim:  |         |
| ☐ Check if this claim is for a community                    | ☐ Student loans   |         |
| debt  | ☐ Obligations arising out of a separation agreement or divorce that you did not |         |
| Is the claim subject to offset?                             | report as priority claims   |         |
| ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts     |         |
| □Yes  | Other. Specify  |         |
| Southwest Infectious Disease                                | Last 4 digits of account number 1276  | \$22.7  |
| Nonpriority Creditor's Name                                 |   | •       |
| 1051 Essington Rd.  | When was the debt incurred?   |         |
| Suite 210<br>Joliet, IL 60435                               |   |         |
| Number Street City State Zlp Code                           | As of the date you file, the claim is: Check all that apply                     |         |
| Who incurred the debt? Check one.                           |   |         |
| Debtor 1 only   | ☐ Contingent  |         |
| Debtor 2 only   | □ Unliquidated  |         |
| Debtor 1 and Debtor 2 only                                  | □ Disputed  |         |
| ☐ At least one of the debtors and another                   | Type of NONPRIORITY unsecured claim:  |         |
| ☐ Check if this claim is for a community                    | ☐ Student loans   |         |
| debt  | ☐ Obligations arising out of a separation agreement or divorce that you did not |         |
| Is the claim subject to offset?                             | report as priority claims   |         |
| No  | Debts to pension or profit-sharing plans, and other similar debts               |         |
| Yes   | Other. Specify  |         |
| United Collection Bureau inc.                               | Last 4 digits of account number 8990  | \$0.00  |
| Nonpriority Creditor's Name 5620 Southwyck Blvd #206        | When was the debt incurred?   |         |
| Toledo, OH 43614  Number Street City State Zlp Code         | As of the date you file, the claim is: Check all that apply                     |         |
| Who incurred the debt? Check one.                           | no or and take you may and oranner or or own an anatoppry                       |         |
| Debtor 1 only   | ☐ Contingent  |         |
| Debtor 2 only   | ☐ Unliquidated  |         |
| ■ Debtor 1 and Debtor 2 only                                | ☐ Disputed  |         |
| At least one of the debtors and another                     | Type of NONPRIORITY unsecured claim:  |         |
| _   | ☐ Student loans   |         |
| ☐ Check if this claim is for a community debt               | ☐ Obligations arising out of a separation agreement or divorce that you did not |         |
| Is the claim subject to offset?                             | report as priority claims   |         |
| ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts             |         |
| ☐ Yes   | ■ Other. Specify Chase Bank USA N.A. (notice only)                              |         |

Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Document Page 34 of 62

|         | tor 2 Kenneth A Davi  |  | Case number (if kno         | (wo                                |                        |
|---------|---|--|-----------------------------|------------------------------------|------------------------|
| 4.4     | Visa Dept Store National Bank   | Last 4 digits of account number  | 3830                        |                                    | \$97.00                |
|         | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 8053  | When was the debt incurred?  | Opened 02/02<br>4/15/16     | Last Active                        |                        |
|         | Mason, OH 45040   |  | : Ob   -     4b - 4         |                                    |                        |
|         | Number Street City State Zlp Code  Who incurred the debt? Check one.  | As of the date you file, the claim   | is: Check all that apply    | /                                  |                        |
|         | _   | П  |                             |                                    |                        |
|         | ■ Debtor 1 only   | ☐ Contingent   |                             |                                    |                        |
|         | ☐ Debtor 2 only   | Unliquidated   |                             |                                    |                        |
|         | Debtor 1 and Debtor 2 only  | Disputed   |                             |                                    |                        |
|         | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure   | ed claim:                   |                                    |                        |
|         | Check if this claim is for a community  | Student loans  |                             |                                    |                        |
|         | debt Is the claim subject to offset?  | ☐ Obligations arising out of a sep report as priority claims                               | aration agreement or d      | ivorce that you did not            |                        |
|         | ■ No  | Debts to pension or profit-shari   | ing plans, and other sim    | nilar debts                        |                        |
|         | Yes   | Other. Specify Charge Ac   | count                       |                                    |                        |
|         |   |  |                             |                                    |                        |
| Part    | 3: List Others to Be Notified About a D   | ebt That You Already Listed  |                             |                                    |                        |
| is t    | e this page only if you have others to be notified<br>rying to collect from you for a debt you owe to<br>re more than one creditor for any of the debts the<br>ified for any debts in Parts 1 or 2, do not fill out | someone else, list the original creditor i<br>hat you listed in Parts 1 or 2, list the add | n Parts 1 or 2, then lis    | t the collection agency h          | ere. Similarly, if you |
|         | e and Address   | On which entry in Part 1 or Part 2 did yo  | u list the original credito | nr?                                |                        |
|         | t Hasenmiller Liebsker & Moore  |  |                             | Priority Unsecured Claims          |                        |
| _       | South Wacker Drive #400   |  | Part 2: Creditors with      | Nonpriority Unsecured Cla          | aims                   |
| Chic    | cago, IL 60606  | Last 4 digits of account number  |                             | , ,                                |                        |
|         |   | Last 4 digits of account number  |                             |                                    |                        |
|         | e and Address   | On which entry in Part 1 or Part 2 did yo  | _                           |                                    |                        |
|         | t Hasenmiller Liebsker & Moore<br>South Wacker Drive #400   | _  | _                           | Priority Unsecured Claims          |                        |
| _       | cago, IL 60606  | •  | Part 2: Creditors with      | Nonpriority Unsecured Cla          | aims                   |
|         | •   | Last 4 digits of account number  |                             |                                    |                        |
| Name    | e and Address   | On which entry in Part 1 or Part 2 did yo  | u list the original credito | or?                                |                        |
|         | S BPO LLC   |  | _                           | Priority Unsecured Claims          |                        |
|         | 0 Olney avenue  |  | Part 2: Creditors with      | Nonpriority Unsecured Cla          | aims                   |
| Cne     | erry Hill, NJ 08003   | Last 4 digits of account number  |                             |                                    |                        |
|         |   |  |                             |                                    |                        |
|         | e and Address<br>thland Group Inc.  | On which entry in Part 1 or Part 2 did yo Line <b>4.14</b> of ( <i>Check one</i> ):        | _                           | or?<br>n Priority Unsecured Claims |                        |
|         | . box 390905  | ·  |                             | -                                  |                        |
|         | neapolis, MN 55439  | •  | Part 2: Creditors with      | Nonpriority Unsecured Cla          | aims                   |
|         |   | Last 4 digits of account number  |                             |                                    |                        |
|         | e and Address   | On which entry in Part 1 or Part 2 did yo  | u list the original credito | or?                                |                        |
|         | thland Group Inc.   | Line <b>4.20</b> of ( <i>Check one</i> ):  | ☐ Part 1: Creditors with    | Priority Unsecured Claims          |                        |
|         | . box 390846  | ı  | Part 2: Creditors with      | Nonpriority Unsecured Cla          | aims                   |
| IVIIIII | neapolis, MN 55439  | Last 4 digits of account number  |                             |                                    |                        |
| Name    | e and Address   | On which entry in Part 1 or Part 2 did yo  | u list the original credito | nr?                                |                        |
|         | ted Collection Bureau   |  | _                           | n Priority Unsecured Claims        |                        |
|         | 0 Southwyck Blvd Suite 206  | <del></del> :  |                             | Nonpriority Unsecured Cla          |                        |
| Tole    | edo, OH 43614   | Last 4 digits of account number  |                             | . ,                                |                        |
|         |   | East + digits of account number  |                             |                                    |                        |
|         |   |  |                             |                                    |                        |

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

**Total Claim** 

# Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Document Page 35 of 62

Debtor 1 Laura J Davi Debtor 2 Kenneth A Davi Case number (if know) **Domestic support obligations** 6a. 0.00 Total claims from Part 1 Taxes and certain other debts you owe the government 6b. 6b. 0.00 6c. Claims for death or personal injury while you were intoxicated 6c. 0.00 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. 0.00 Total Priority. Add lines 6a through 6d. 6e. 0.00 **Total Claim** 6f. 6f Student loans 0.00 Total claims Obligations arising out of a separation agreement or divorce that from Part 2 6g. 0.00 6g. you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 6h. 0.00 6i. Other. Add all other nonpriority unsecured claims. Write that amount 62,586.00 Total Nonpriority. Add lines 6f through 6i. 6j. 62,586.00 Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main

|                     |                          | DOGUITIE          | III Paue 30 01 07 |                                      |
|---------------------|--------------------------|-------------------|-------------------|--------------------------------------|
| Fill in this infor  | mation to identify your  | case:             |                   |                                      |
| Debtor 1            | Laura J Davi             |                   |                   |                                      |
|                     | First Name               | Middle Name       | Last Name         |                                      |
| Debtor 2            | Kenneth A Davi           |                   |                   |                                      |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name         |                                      |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS       |                                      |
| Case number _       |                          |                   |                   | ☐ Check if this is an amended filing |

### Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı   | Person or | company with | whom you have the | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|-------------------|---------------------|---|
| 2.1 |           | ·            | •                 |                     |   |
|     | Name      |              |                   |                     |   |
|     | Number    | Street       |                   |                     |   |
|     | City      |              | State             | ZIP Code            | _                                       |
| 2.2 |           |              |                   |                     |   |
|     | Name      |              |                   |                     |   |
|     | Number    | Street       |                   |                     |   |
|     | City      |              | State             | ZIP Code            | _                                       |
| 2.3 | Oity      |              | Otate             | Zii Code            |   |
|     | Name      |              |                   |                     | _                                       |
|     | Number    | Street       |                   |                     | _                                       |
|     | City      |              | State             | ZIP Code            | <del>_</del>                            |
| 2.4 |           |              | <u> </u>          | 2 0000              |   |
|     | Name      |              |                   |                     | _                                       |
|     | Number    | Street       |                   |                     | _                                       |
|     | City      |              | State             | ZIP Code            | <u> </u>                                |
| 2.5 | - ity     |              | <u> </u>          | 211 0000            |   |
|     | Name      |              |                   |                     | _                                       |
|     | Number    | Street       |                   |                     |   |
|     | City      |              | State             | ZIP Code            | _                                       |

Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main

|                               |  | Docume  | nt Page 37 o                                 | of 62   |
|-------------------------------|--|---|--|---|
| Fill in this i                | information to identify your   | case:   |  |   |
| Debtor 1                      | Laura J Davi   |   |  |   |
| DCDIOI 1                      | First Name   | Middle Name   | Last Name                                    |   |
| Debtor 2                      | Kenneth A Davi   |   |  |   |
| (Spouse if, filing            | g) First Name  | Middle Name   | Last Name                                    |   |
| United State                  | es Bankruptcy Court for the:   | NORTHERN DISTRICT   | OF ILLINOIS                                  |   |
| Case numb                     | er   |   |  |   |
| (if known)                    |  |   |  | ☐ Check if this is an   |
|                               |  |   |  | amended filing  |
| Sched                         | Form 106H ule H: Your Cod  |   | ts you may have Be a                         | 12/15 as complete and accurate as possible. If two married  |
| people are fill it out, an    | filing together, both are equ<br>d number the entries in the<br>and case number (if known)                         | ally responsible for supp<br>boxes on the left. Attach<br>. Answer every question | lying correct informa<br>the Additional Page | tion. If more space is needed, copy the Additional Page, to this page. On the top of any Additional Pages, write  |
| 1. Do y                       | ou have any codebtors? (If   | you are filing a joint case, o  | do not list either spouse                    | e as a codebtor.  |
| ■ No<br>□ Yes                 |  |   |  |   |
| Arizona  No. (                | in the last 8 years, have you<br>a, California, Idaho, Louisiana,<br>Go to line 3.<br>Did your spouse, former spor | Nevada, New Mexico, Pu  | erto Rico, Texas, Wash                       | ry? (Community property states and territories include<br>nington, and Wisconsin.)  |
| in line :<br>Form 1<br>out Co | 2 again as a codebtor only i<br>06D), Schedule E/F (Official<br>lumn 2.  | f that person is a guaran   | tor or cosigner. Make                        | r if your spouse is filing with you. List the person shown<br>sure you have listed the creditor on Schedule D (Official<br>06G). Use Schedule D, Schedule E/F, or Schedule G to fil |
|                               | Column 1: Your codebtor<br>ame, Number, Street, City, State and Z  | P Code  |  | Column 2: The creditor to whom you owe the debt Check all schedules that apply:   |
| 3.1                           |  |   |  | ☐ Schedule D, line  |
|                               | lame   |   |  | ☐ Schedule E/F, line  |
|                               |  |   |  | ☐ Schedule G, line  |
| _                             | 0: 1   |   |  |   |
|                               | lumber Street<br>City  | State   | ZIP Code                                     |   |
| 3.2                           |  |   |  | ☐ Schedule D, line  |
|                               | lame   |   |  | ☐ Schedule E/F, line  |
|                               |  |   |  | ☐ Schedule G, line  |
| _                             |  |   |  |   |
|                               | lumber Street<br>City  | State   | ZIP Code                                     |   |
|                               |  |   |  |   |

## Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Document Page 38 of 62

| Fill               | in this information to identify your c  | ase.                       |                                   |             |       | 1                  |  |   |          |
|--------------------|---|----------------------------|-----------------------------------|-------------|-------|--------------------|--|---|----------|
|                    | btor 1 Laura J Dav  |                            |                                   |             |       |                    |  |   |          |
| 1                  | btor 2 Kenneth A I  | Davi                       |                                   |             |       |                    |  |   |          |
| Uni                | ited States Bankruptcy Court for the  | : NORTHERN DISTRIC         | CT OF ILLINOIS                    |             |       |                    |  |   |          |
| (If kı             | se number nown)   |                            |                                   |             |       |                    | ended filing<br>lement sho             | g<br>owing postpetition<br>he following date: |          |
| _                  | <u>fficial Form 106l</u><br>chedule I: Your Inc   |                            |                                   |             |       | MM / D             | D/ YYYY                                |   |          |
| spo<br>atta        | plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  The describe Employment Fill in your employment | ır spouse is not filing w  | ith you, do not inclu             | ıde infori  | nati  | on about your      | spouse. I                              | If more space is                              | needed,  |
| ١.                 | information.  |                            | Debtor 1                          |             |       | Deb                | tor 2 or no                            | on-filing spouse                              |          |
|                    | If you have more than one job, attach a separate page with  | Employment status          | ■ Employed                        |             |       |                    | mployed                                |   |          |
|                    | information about additional employers.   | Occupation                 | ☐ Not employed                    |             |       | ЦΝ                 | □ Not employed  Meade Electric Company |   |          |
|                    | Include part-time, seasonal, or self-employed work.   | Occupation Employer's name | Lockport Park I                   | Mea         |       |                    |  |   |          |
|                    | Occupation may include student or homemaker, if it applies.   | Employer's address         | 1911 S. Lawren<br>Lockport, IL 60 |             | nue   |                    |  |   |          |
|                    |   | How long employed t        | here?                             |             |       |                    |  |   |          |
| Pai                | rt 2: Give Details About Mor  | nthly Income               |                                   |             |       |                    |  |   |          |
| <b>Esti</b><br>spo | imate monthly income as of the duse unless you are separated.   | ate you file this form. If | you have nothing to r             | eport for   | any   | line, write \$0 ir | the space                              | e. Include your nor                           | n-filing |
|                    | ou or your non-filing spouse have me<br>e space, attach a separate sheet to   |                            | ombine the information            | n for all e | emplo | oyers for that p   | erson on t                             | he lines below. If                            | you need |
|                    |   |                            |                                   |             |       | For Debtor 1       |  | r Debtor 2 or<br>n-filing spouse              |          |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,  |                            |                                   | 2.          | \$    | 762.               | <b>67</b> \$_                          | 7,990.67                                      |          |
| 3.                 | Estimate and list monthly overt   | ime pay.                   |                                   | 3.          | +\$   | 0.                 | -+\$                                   | 0.00  |          |

762.67

Calculate gross Income. Add line 2 + line 3.

## Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Document Page 39 of 62

|     | tor 1<br>tor 2        | Laura J Davi<br>Kenneth A Davi  | _              | (              | Case      | number (if known) | _ |                  |              |                |  |
|-----|-----------------------|---|----------------|----------------|-----------|-------------------|---|------------------|--------------|----------------|--|
|     |                       |   |                |                | For       | Debtor 1          |   | For Dek          | ng sp        | oouse          |  |
|     | Cop                   | y line 4 here   | 4.             |                | \$_       | 762.67            |   | \$               | 7,9          | 990.67         | ,<br>_                                       |
| 5.  | List                  | all payroll deductions:   |                |                |           |                   |   |                  |              |                |  |
|     | 5a.                   | Tax, Medicare, and Social Security deductions   | 5a             | ì.             | \$        | 87.08             |   | \$               | 2,0          | 071.33         | }  |
|     | 5b.                   | Mandatory contributions for retirement plans  | 5b             | ).             | \$        | 0.00              |   | \$               |              | 0.00           |  |
|     | 5c.                   | Voluntary contributions for retirement plans  | 5c             | <b>:</b> .     | \$        | 0.00              |   | \$               |              | 0.00           | _  |
|     | 5d.                   | Required repayments of retirement fund loans  | 5d             | i.             | \$        | 0.00              |   | \$               |              | 0.00           |  |
|     | 5e.                   | Insurance   | 5e             |                | \$_       | 0.00              |   | \$               |              | 0.00           | _  |
|     | 5f.                   | Domestic support obligations  | 5f.            |                | \$_       | 0.00              |   | \$               |              | 0.00           | _  |
|     | 5g.                   | Union dues  | 5g             |                | \$_<br>\$ | 0.00              |   | \$               | 1            | 199.33         |  |
| •   | 5h.                   | Other deductions. Specify:  | 5h             | 1.+            | φ_        | 0.00              | + | · · · · · · ·    |              | 0.00           | _  |
| 6.  |                       | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.             |                | \$_<br>•  | 87.08             |   | \$               |              | 270.66         |  |
| 7.  |                       | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.             |                | \$_       | 675.59            |   | \$               | 5,7          | 720.01         | _  |
| 8.  | List<br>8a.           | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a             | 1.             | \$        | 0.00              |   | \$               |              | 0.00           |  |
|     | 8b.                   | Interest and dividends  | 8b             |                | \$        | 0.00              |   | \$               |              | 0.00           | _  |
|     | 8c.                   | Family support payments that you, a non-filing spouse, or a dependen regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | <b>t</b><br>8c | <b>:</b> .     | \$        | 0.00              |   | \$               |              | 0.00           | _  |
|     | 8d.                   | Unemployment compensation   | 8d             | i.             | \$        | 0.00              |   | \$               |              | 0.00           | _  |
|     | 8e.                   | Social Security   | 8e             | <del>)</del> . | \$        | 0.00              |   | \$               |              | 0.00           | )  |
|     | 8f.                   | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:         | e<br>8f.       |                | \$        | 0.00              |   | \$               |              | 0.00           | -  |
|     | 8g.                   | Pension or retirement income  | 8g             | J.             | \$_       | 0.00              |   | \$               |              | 0.00           |  |
|     | 8h.                   | Other monthly income. Specify: little joes pizza  | 8h             | 1.+            | \$_       | 200.00            | + | \$               |              | 0.00           | <u>)                                    </u> |
| 9.  | Add                   | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.             | ;              | \$        | 200.00            |   | \$               |              | 0.0            | 0  |
| 10. |                       | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10.            | \$_            |           | 875.59 + \$       | _ | 5,720.           | .01          | = \$_          | 6,595.60                                     |
| 11. | Incli<br>othe<br>Do i | te all other regular contributions to the expenses that you list in Schedule adde contributions from an unmarried partner, members of your household, you in friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:         | r depe         |                |           | . •               |   | d in <i>Sche</i> | edule<br>11. |                | 0.00   |
| 12. |                       | I the amount in the last column of line 10 to the amount in line 11. The re e that amount on the Summary of Schedules and Statistical Summary of Certailies   |                |                |           |                   |   | if it            | 12.          | \$             | 6,595.60                                     |
| 13. | Do :                  | you expect an increase or decrease within the year after you file this forn<br>No.  | n?             |                |           |                   |   |                  |              | Combi<br>month | ned<br>ly income                             |
|     | _                     | Vac Evolain:  |                |                |           |                   | — |                  |              |                |  |

## Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Document Page 40 of 62

|        |                            |  |                |   |  | •            |   |   |
|--------|----------------------------|--|----------------|---|--|--------------|---|---|
| Fill i | n this informa             | tion to identify yo                                  | our case:      |   |  |              |   |   |
| Debt   | or 1                       | Laura J Davi   | İ              |   |  | Che          | eck if this is:   |   |
| Debt   | or 2<br>ouse, if filing)   | Kenneth A D  | avi            |   |  |              | An amended filing<br>A supplement show<br>13 expenses as of | wing postpetition chapter the following date: |
| Unite  | ed States Bankr            | ruptcy Court for the                                 | : NORTH        | ERN DISTRICT OF ILLIN   | OIS                                    |              | MM / DD / YYYY  |   |
|        | e number<br>nown)          |  |                |   |  |              |   |   |
| Of     | ficial Fo                  | rm 106J  |                |   |  |              |   |   |
| Sc     | hedule                     | J: Your  | Exper          | ises  |  |              |   | 12/1  |
| info   | rmation. If m              |  | eded, atta     | If two married people ar<br>ch another sheet to this<br>n.                |  |              |   |   |
| Part   |                            | ribe Your House                                      | hold           |   |  |              |   |   |
| 1.     | Is this a joir             |  |                |   |  |              |   |   |
|        | □ No. Go to                | o line 2.<br>es Debtor 2 live i                      | in a conar     | ata hausahald?  |  |              |   |   |
|        | _                          |  | iii a sepai    | ate nousenoid:  |  |              |   |   |
|        | ■ N<br>□ Y                 | -  | st file Offici | al Form 106J-2, <i>Expenses</i>   | s for Separate House                   | ehold of Del | btor 2.   |   |
| 2.     | Do you have                | e dependents?  | □ No           |   |  |              |   |   |
|        | Do not list D<br>Debtor 2. | ebtor 1 and  | Yes.           | Fill out this information for each dependent                              | Dependent's relat<br>Debtor 1 or Debto |              | Dependent's age   | Does dependent live with you?                 |
|        | Do not state               | the  |                |   |  |              |   | □ No  |
|        | dependents                 |  |                |   | Son                                    |              | 17  | Yes   |
|        |                            |  |                |   |  |              |   | □ No  |
|        |                            |  |                |   | -                                      |              |   | ☐ Yes   |
|        |                            |  |                |   |  |              |   | □ No<br>□ Yes                                 |
|        |                            |  |                |   |  |              |   | ☐ Yes   |
|        |                            |  |                |   |  |              |   | ☐ Yes   |
| 3.     | expenses o                 | penses include<br>f people other t<br>d your depende | han 👝          | No<br>Yes   |  |              |   | _ ,,,   |
| expe   | mate your ex               |  | our bankr      | y Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp |  |              |   |   |
| the    |                            | h assistance an                                      |                | government assistance i<br>luded it on <i>Schedule I:</i> \               |  |              | Your exp  | enses   |
| 4.     |                            | or home owners                                       |                | ses for your residence. I   | nclude first mortgag                   | e<br>4.      | \$  | 1,873.00                                      |
|        | If not include             | led in line 4:                                       |                |   |  |              |   |   |
|        | 4a. Real e                 | estate taxes   |                |   |  | 4a.          | \$  | 0.00  |
|        |                            | rty, homeowner's                                     |                |   |  | 4b.          |   | 0.00  |
|        |                            |  |                | ıpkeep expenses   |  | 4c.          |   | 150.00  |
| 5      |                            | owner's associat                                     |                | dominium dues<br>our residence, such as ho                                | me equity loops                        | 4d.<br>5.    | ·   | 0.00  |
|        |                            |  |                |   |  |              |   |   |

## Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Document Page 41 of 62

| ebtor 1      | Laura J Davi   | Case number (if known) |                |                          |  |
|--------------|--|------------------------|----------------|--------------------------|--|
| ebtor 2      | Kenneth A Davi   | Case num               | ber (if known) |                          |  |
| 6. Uti       | ities:   |                        |                |                          |  |
| 6a.          | Electricity, heat, natural gas   | 6a.                    | \$             | 350.00                   |  |
| 6b.          | Water, sewer, garbage collection   | 6b.                    | \$             | 150.00                   |  |
| 6c.          | Telephone, cell phone, Internet, satellite, and cable services   | 6c.                    | \$             | 440.00                   |  |
| 6d.          | Other. Specify:  | 6d.                    | \$             | 0.00                     |  |
| . Fo         | od and housekeeping supplies   |                        | \$             | 950.00                   |  |
| . Ch         | ildcare and children's education costs   | 8.                     | \$             | 120.00                   |  |
| . Clo        | thing, laundry, and dry cleaning   | 9.                     | \$             | 150.00                   |  |
| 0. <b>Pe</b> | sonal care products and services   | 10.                    | \$             | 375.00                   |  |
| 1. <b>Me</b> | dical and dental expenses  | 11.                    | \$             | 400.00                   |  |
|              | nsportation. Include gas, maintenance, bus or train fare.  | 10                     | Ф.             | 500.00                   |  |
|              | not include car payments.  | 12.                    | \$             |                          |  |
|              | ertainment, clubs, recreation, newspapers, magazines, and books  | 13.                    | \$             | 120.00                   |  |
|              | aritable contributions and religious donations   | 14.                    | \$             | 60.00                    |  |
|              | urance. not include insurance deducted from your pay or included in lines 4 or 20.                               |                        |                |                          |  |
|              | Life insurance   | 15a.                   | \$             | 0.00                     |  |
|              | b. Health insurance  | 15b.                   |                | 0.00                     |  |
|              | : Vehicle insurance  | 15c.                   | ·              | 300.00                   |  |
|              | I. Other insurance. Specify:   | 15d.                   | \$             | 0.00                     |  |
|              | res. Do not include taxes deducted from your pay or included in lines 4 or 20.                                   |                        | ·              |                          |  |
|              | ecify:   | 16.                    | \$             | 0.00                     |  |
|              | tallment or lease payments:  |                        |                |                          |  |
| 178          | a. Car payments for Vehicle 1  | 17a.                   | \$             | 350.00                   |  |
|              | c. Car payments for Vehicle 2  | 17b.                   | \$             | 0.00                     |  |
|              | :. Other. Specify: time share  | 17c.                   | ·              | 247.00                   |  |
|              | I. Other. Specify:   | 17d.                   | \$             | 0.00                     |  |
|              | ur payments of alimony, maintenance, and support that you did not report   |                        | ¢              | 0.00                     |  |
|              | ducted from your pay on line 5, Schedule I, Your Income (Official Form 106)                                      | i). 10.                | \$             |                          |  |
|              | ner payments you make to support others who do not live with you.  | 19.                    | Φ              | 0.00                     |  |
|              | er real property expenses not included in lines 4 or 5 of this form or on <i>Sc</i>                              |                        | ur Income      |                          |  |
|              | Mortgages on other property  | 20a.                   |                | 0.00                     |  |
|              | o. Real estate taxes   | 20b.                   | · ·            | 0.00                     |  |
| 200          | :. Property, homeowner's, or renter's insurance  | 20c.                   | \$             | 0.00                     |  |
|              | I. Maintenance, repair, and upkeep expenses  | 20d.                   | \$             | 0.00                     |  |
|              | e. Homeowner's association or condominium dues   | 20e.                   | \$             | 0.00                     |  |
|              | ner: Specify:  | 21.                    | ·              | 0.00                     |  |
|              | · · -  |                        |                |                          |  |
|              | culate your monthly expenses   |                        | œ.             | 6 525 00                 |  |
|              | a. Add lines 4 through 21.<br>b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | 2                      | \$             | 6,535.00                 |  |
|              |  | ۷.                     | \$             | 0.505.00                 |  |
| 220          | a. Add line 22a and 22b. The result is your monthly expenses.  |                        | \$             | 6,535.00                 |  |
| 3. <b>Ca</b> | culate your monthly net income.  |                        | L              |                          |  |
|              | . Copy line 12 (your combined monthly income) from Schedule I.   | 23a.                   | \$             | 6,595.60                 |  |
| 23b          | Copy your monthly expenses from line 22c above.  | 23b.                   | -\$            | 6,535.00                 |  |
|              |  |                        |                |                          |  |
| 230          | Subtract your monthly expenses from your monthly income.   | 23c.                   | \$             | 60.60                    |  |
|              | The result is your monthly net income.   | 230.                   | Ψ              | 30.00                    |  |
| 24. Do       | you expect an increase or decrease in your expenses within the year after  | vou file this          | form?          |                          |  |
| For          | example, do you expect to finish paying for your car loan within the year or do you expect y                     |                        |                | or decrease because of a |  |
|              | dification to the terms of your mortgage?  |                        |                |                          |  |
|              | No   |                        |                |                          |  |
|              | Yes. Explain here:   |                        |                |                          |  |

## Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Document Page 42 of 62

| Fill in this infor  | mation to identify your                           | case:   |                               |   |                             |
|---|---|---|-------------------------------|---|-----------------------------|
| Debtor 1  | Laura J Davi                                      |   |                               |   |                             |
|   | First Name  | Middle Name   | Last Name                     |   |                             |
| Debtor 2  | Kenneth A Davi                                    |   |                               |   |                             |
| (Spouse if, filing)                                       | First Name  | Middle Name   | Last Name                     |   |                             |
| United States Ba  | ankruptcy Court for the:                          | NORTHERN DISTRICT   | OF ILLINOIS                   |   |                             |
| Case number _   |   |   |                               |   |                             |
| (if known)  |   |   |                               | -   | if this is an<br>ded filing |
| If two married pe<br>You must file thi<br>obtaining money | eople are filing togethers                        | r, both are equally respoi<br>le bankruptcy schedules<br>n connection with a bank |                               |   |                             |
| Sign  | n Below   |   |                               |   |                             |
| Did you pa  | y or agree to pay some                            | one who is NOT an attor   | ney to help you fill out bank | cruptcy forms?  |                             |
| ■ No  |   |   |                               |   |                             |
| ☐ Yes. N  | Name of person                                    |   |                               | Attach Bankruptcy Petition Pr Declaration, and Signature (C |                             |
|   | alty of perjury, I declare<br>e true and correct. | that I have read the sum  | mary and schedules filed w    | ith this declaration and                                    |                             |
| X /s/ Lau   | ıra J Davi  |   | X /s/ Kenneth A               | Davi  |                             |
| Laura   | J Davi  |   | Kenneth A Da                  |   |                             |
| Signatu   | re of Debtor 1                                    |   | Signature of Deb              | otor 2  |                             |
| Date _  | May 13, 2017                                      |   | Date May 13                   | , 2017  |                             |

## Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Document Page 43 of 62

|         |                  | nation to identify you    | r case:                                    |  |  |   |
|---------|------------------|---------------------------|--|--|--|---|
| Debt    | tor 1            | Laura J Davi First Name   | Middle Name                                | Last Name  |  |   |
| Debt    | tor 2            | Kenneth A Davi            |  |  |  |   |
| (Spou   | se if, filing)   | First Name                | Middle Name                                | Last Name  |  |   |
| Unite   | ed States Ba     | nkruptcy Court for the:   | NORTHERN DISTRICT                          | OF ILLINOIS  |  |   |
| Case    | e number         |                           |  |  |  |   |
| (if kno | own)             |                           |  |  |  | heck if this is an mended filing                      |
|         |                  |                           |  |  |  | -   |
| Off     | icial Fo         | rm 107                    |  |  |  |   |
| Sta     | tement           | of Financial              | Affairs for Indivi                         | duals Filing for E   | ankruptcy                                  | 4/16  |
|         |                  |                           |  |  | equally responsible for sup                |   |
|         |                  | n). Answer every que      |  | this form. On the top of an  | y additional pages, write you              | ii iiailie aliu case                                  |
| Part    | 1: Give D        | etails About Your Ma      | rital Status and Where You                 | ı Lived Before   |  |   |
| 1.      | What is you      | r current marital statu   | s?   |  |  |   |
|         | ■ Married        |                           |  |  |  |   |
|         | ■ Not mai        | ried                      |  |  |  |   |
| 2.      | During the la    | ast 3 years, have you     | lived anywhere other than                  | where you live now?  |  |   |
|         | ■ No             |                           |  |  |  |   |
|         | _                | t all of the places you l | ived in the last 3 years. Do n             | ot include where you live nov                                      | ٧.   |   |
|         | Debtor 1 Pr      | ior Address:              | Dates Debtor 1 lived there                 | Debtor 2 Prior Ad  | Idress:                                    | Dates Debtor 2<br>lived there                         |
|         |                  |                           |  |  | ity property state or territory            |   |
| states  | s and territor   | es include Arizona, Ca    | lifornia, Idaho, Louisiana, Ne             | vada, New Mexico, Puerto R   | ico, Texas, Washington and W               | /isconsin.)   |
|         | ■ No             |                           |  |  |  |   |
|         | ☐ Yes. Ma        | ike sure you fill out Sch | nedule H: Your Codebtors (O                | fficial Form 106H).  |  |   |
| Part    | 2 Explai         | n the Sources of You      | r Income                                   |  |  |   |
| 4.      | Did vou hav      | e anv income from en      | nplovment or from operatir                 | ng a business during this v  | ear or the two previous cale               | ndar vears?   |
|         | Fill in the tota | al amount of income yo    | u received from all jobs and               | all businesses, including part<br>re together, list it only once u | -time activities.                          | ······ <b>,</b> ·······                               |
|         | □ No             |                           |  |  |  |   |
|         | Yes. Fill        | in the details.           |  |  |  |   |
|         |                  |                           | Debtor 1                                   |  | Debtor 2                                   |   |
|         |                  |                           | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions)              | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |
| Fror    | n .lanuarv 1     | of current year until     | <b>=</b>                                   | \$0.00   | <b>-</b>                                   | \$0.00  |
|         |                  | d for bankruptcy:         | ■ Wages, commissions, bonuses, tips        | <b>Φ</b> 0.00  | ■ Wages, commissions, bonuses, tips        | φυ.υυ   |
|         |                  |                           | ☐ Operating a business                     |  | ☐ Operating a business                     |   |

Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Document Page 44 of 62

Laura J Davi Debtor 1 Debtor 2 Kenneth A Davi Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$11,747.00 \$105,087.00 Wages, commissions, Wages, commissions, (January 1 to December 31, 2016) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$11,769.00 \$100,921.00 Wages, commissions. Wages, commissions, (January 1 to December 31, 2015) bonuses, tips bonuses, tips ☐ Operating a business Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 2 Debtor 1 Sources of income Gross income from Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? □ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address Amount you Dates of payment **Total amount** Was this payment for ...

still owe

paid

Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Document Page 45 of 62

|   | otor 1<br>otor 2    | Laura J Davi<br>Kenneth A Davi  |   | Cas   | se number (if known)                       |                                  |  |
|---|---------------------|---|---|---|--|----------------------------------|--|
| 7.  | <i>Inside</i> of wh | in 1 year before you filed for bankrupters include your relatives; any general prich you are an officer, director, person in siness you operate as a sole proprietor. | artners; relatives of any gent control, or owner of 20% | eneral partners; partners or more of their voting | erships of which yo<br>g securities; and a | ou are a genera<br>ny managing a | Il partner; corporations gent, including one for |
|   | _                   | No<br>Yes. List all payments to an insider.   |   |   |  |                                  |  |
|   | Insid               | der's Name and Address  | Dates of payment  | Total amount paid                                 | Amount you still owe                       | Reason for                       | this payment                                     |
| 8.  | inside<br>Includ    | de payments on debts guaranteed or cos  |   | yments or transfer a                              | any property on a                          | ccount of a de                   | ebt that benefited an                            |
|   | _                   | No<br>Yes. List all payments to an insider  |   |   |  |                                  |  |
|   |                     | der's Name and Address  | Dates of payment  | Total amount paid                                 | Amount you still owe                       | Reason for                       | this payment                                     |
|   | rt 4:               | Identify Legal Actions, Repossessio   |   | puid  | Juli Owe                                   | molado orda                      | itor o riamo                                     |
|   | modif               | Ill such matters, including personal injury<br>fications, and contract disputes.<br>No<br>Yes. Fill in the details.   |   |   | , , , .                                    |                                  | ,  |
|   |                     | e title<br>e number   | Nature of the case                                      | Court or agency                                   |  | Status of th                     | e case   |
| 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seize Check all that apply and fill in the details below. |                     |   |   | l, seized, or levied?                             |  |                                  |  |
|   | _                   | No. Go to line 11.  |   |   |  |                                  |  |
|   |                     | Yes. Fill in the information below.   | Describe the Property                                   |   | Date                                       |                                  | Value of the                                     |
|   | Crec                | ditor Name and Address  | Describe the Property  Explain what happene             |   | Date                                       |                                  | property   |
| 11.   | acco                | in 90 days before you filed for bankru<br>unts or refuse to make a payment bed<br>No<br>Yes. Fill in the details.   |   | cluding a bank or fii                             | nancial institutior                        | n, set off any a                 | mounts from your                                 |
|   |                     | ditor Name and Address  | Describe the action th                                  | e creditor took                                   | Date<br>taker                              | action was                       | Amount   |
| 12.   |                     | in 1 year before you filed for bankrupt<br>t-appointed receiver, a custodian, or a  |   | perty in the possess                              |  |                                  | fit of creditors, a                              |
|   | _                   | No<br>Yes   |   |   |  |                                  |  |
| Do  | _                   | -   |   |   |  |                                  |  |
|   | rt 5:               | List Certain Gifts and Contributions  |   |   |  |                                  |  |
| 13.   | _                   | in <b>2 years before you filed for bankru</b> p<br>No   | otcy, did you give any gif                              | ts with a total value                             | of more than \$60                          | 0 per person?                    | •  |
|   |                     | Yes. Fill in the details for each gift.   |   |   |  |                                  |  |
|   |                     | s with a total value of more than \$600 person  | Describe the gifts                                      | S   | Dates<br>the g                             | s you gave<br>ifts               | Value  |
|   |                     | son to Whom You Gave the Gift and ress:   |   |   |  |                                  |  |

Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Debtor 1 Laura J Davi
Debtor 2 Kenneth A Davi

Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main December 05/13/17 07:11:13 December 05/13/17 07:11:1

| 14. | Within 2 years before you filed for bankru  ■ No □ Yes. Fill in the details for each gift or co  |                   | , , , , ,  | ns with a total                   | value of more than                       | \$600 to any charity?     |  |  |  |
|-----|--|-------------------|--|-----------------------------------|--|---------------------------|--|--|--|
|     | Gifts or contributions to charities that to<br>more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Code)   | otal              | Describe what you contributed  |                                   | Dates you contributed                    | Value                     |  |  |  |
| Par | t 6: List Certain Losses   |                   |  |                                   |  |                           |  |  |  |
| 15. | Within 1 year before you filed for bankrup or gambling?  | otcy or           | since you filed for bankruptcy, did y  | ou lose anytl                     | ning because of the                      | it, fire, other disaster, |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |                   |  |                                   |  |                           |  |  |  |
|     | how the loss occurred  | Include           | the any insurance coverage for the load the amount that insurance has paid. Lance claims on line 33 of Schedule A/B: | ist pending                       | Date of your loss                        | Value of property<br>lost |  |  |  |
| Par | t 7: List Certain Payments or Transfers  |                   |  |                                   |  |                           |  |  |  |
| 16. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. |                   |  |                                   |  |                           |  |  |  |
|     | <ul><li>□ No</li><li>■ Yes. Fill in the details.</li></ul>   |                   |  |                                   |  |                           |  |  |  |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not Yo   | ou                | Description and value of any prop transferred  | Date payment or transfer was made | Amount of payment                        |                           |  |  |  |
|     | Law offices of Ronald D. Cummings<br>22600 Deer Path Lane<br>Plainfield, IL 60544<br>bankruptcylawyer@sbcglobal.net  | <b>3</b>          | Attorney Fees  |                                   |  | \$465.00                  |  |  |  |
| 17. | Within 1 year before you filed for bankrup promised to help you deal with your cred Do not include any payment or transfer that  | itors o           | r to make payments to your creditor  |                                   | r transfer any prope                     | rty to anyone who         |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |                   |  |                                   |  |                           |  |  |  |
|     | Person Who Was Paid<br>Address   |                   | Description and value of any prop transferred  | erty                              | Date payment or transfer was made        | Amount of payment         |  |  |  |
| 18. | Within 2 years before you filed for bankru transferred in the ordinary course of your include both outright transfers and transfers include gifts and transfers that you have alrest No  | r busin<br>made a | ness or financial affairs?<br>as security (such as the granting of a se  |                                   |  |                           |  |  |  |
|     | Yes. Fill in the details.  |                   |  |                                   |  |                           |  |  |  |
|     | Person Who Received Transfer<br>Address<br>Person's relationship to you  |                   | Description and value of property transferred  |                                   | iny property or received or debts change | Date transfer was made    |  |  |  |
|     |  |                   |  |                                   |  |                           |  |  |  |

Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Document Page 47 of 62

Debtor 1 Laura J Davi Debtor 2 Kenneth A Davi

Case number (if known)

|       | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)   |  |                               |             |  |   |  |  |  |
|-------|---|--|-------------------------------|-------------|--|---|--|--|--|
|       | No No   |  |                               |             |  |   |  |  |  |
|       | Yes. Fill in the details.   |  |                               |             |  |   |  |  |  |
|       | Name of trust   | Description and v  | alue of the pro               | perty trans | sferred  | Date Transfer was made                        |  |  |  |
| Par   | List of Certain Financial Accounts, Instr   | ruments, Safe Deposit  | Boxes, and S                  | torage Uni  | ts   |   |  |  |  |
|       | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associated No  | other financial accour   | nts; certificates             | s of depos  |  | , ,   |  |  |  |
|       |   | ast 4 digits of account number   | Type of account or instrument |             | Date account was closed, sold, moved, or transferred | Last balance<br>before closing or<br>transfer |  |  |  |
| 21.   | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?  |  |                               |             |  |   |  |  |  |
|       | No Yes. Fill in the details.  |  |                               |             |  |   |  |  |  |
|       | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)   | Who else had acc<br>Address (Number, State and ZIP Code)                             |                               | Describe    | the contents   | Do you still have it?                         |  |  |  |
| 22.   | _   |  |                               |             |  |   |  |  |  |
|       | ■ No □ Yes. Fill in the details.  |  |                               |             |  |   |  |  |  |
|       | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)   | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) |                               | Describe    | the contents   | Do you still have it?                         |  |  |  |
| Par   | 19: Identify Property You Hold or Control fo  | or Someone Else  |                               |             |  |   |  |  |  |
|       | Do you hold or control any property that some for someone.  | eone else owns? Inclu  | ıde any propeı                | rty you bor | rowed from, are storing f                            | or, or hold in trust                          |  |  |  |
|       | ■ No □ Yes. Fill in the details.  |  |                               |             |  |   |  |  |  |
|       | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the prop<br>(Number, Street, City, S<br>Code)                               |                               | Describe    | the property   | Value   |  |  |  |
| Par   | t 10: Give Details About Environmental Inform   | mation   |                               |             |  |   |  |  |  |
| For t | the purpose of Part 10, the following definition  | ns apply:  |                               |             |  |   |  |  |  |
|       | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. |  |                               |             |  |   |  |  |  |
|       | Site means any location, facility, or property a to own, operate, or utilize it, including disposa  | _  | environmental                 | law, wheth  | ner you now own, operate                             | e, or utilize it or used                      |  |  |  |
|       | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.   |  |                               |             |  |   |  |  |  |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Document Page 48 of 62

Debtor 1 Laura J Davi Debtor 2 Kenneth A Davi

Case number (if known)

| 24. | 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? |  |                                     |                    |  |  |  |  |  |
|-----|--|--|-------------------------------------|--------------------|--|--|--|--|--|
|     | ■ No □ Yes. Fill in the details.   |  |                                     |                    |  |  |  |  |  |
|     | Name of site   | Governmental unit  | Environmental law, if you           | Date of notice     |  |  |  |  |  |
|     | Address (Number, Street, City, State and ZIP Code)   | Address (Number, Street, City, State and ZIP Code)                         | know it                             | Date of Hotice     |  |  |  |  |  |
| 25. | Have you notified any governmental unit of any r   | elease of hazardous material?  |                                     |                    |  |  |  |  |  |
|     | ■ No<br>□ Yes. Fill in the details.  |  |                                     |                    |  |  |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it   | Date of notice     |  |  |  |  |  |
| 26. | Have you been a party in any judicial or administ  | rative proceeding under any enviro   | nmental law? Include settlements a  | nd orders.         |  |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |                                     |                    |  |  |  |  |  |
|     | Case Title<br>Case Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | lature of the case                  | Status of the case |  |  |  |  |  |
| Par | 11: Give Details About Your Business or Conn   | ections to Any Business  |                                     |                    |  |  |  |  |  |
| 27. | Within 4 years before you filed for bankruptcy, di   | id you own a business or have any  | of the following connections to any | business?          |  |  |  |  |  |
|     | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time                          |  |                                     |                    |  |  |  |  |  |
|     | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)   |  |                                     |                    |  |  |  |  |  |
|     | ☐ A partner in a partnership   |  |                                     |                    |  |  |  |  |  |
|     | ☐ An officer, director, or managing executiv   | ve of a corporation  |                                     |                    |  |  |  |  |  |
|     | ☐ An owner of at least 5% of the voting or e   | equity securities of a corporation   |                                     |                    |  |  |  |  |  |
|     | ■ No. None of the above applies. Go to Part 1:   | 2.   |                                     |                    |  |  |  |  |  |
|     | Yes. Check all that apply above and fill in the  |  |                                     |                    |  |  |  |  |  |
|     |  | cribe the nature of the business   | Employer Identification number      |                    |  |  |  |  |  |
|     | Address<br>(Number, Street, City, State and ZIP Code)  | ne of accountant or bookkeeper   | Do not include Social Security n    | umber or ITIN.     |  |  |  |  |  |
|     |  | ·  | Dates business existed              |                    |  |  |  |  |  |
|     | Within 2 years before you filed for bankruptcy, di<br>institutions, creditors, or other parties.                                       | id you give a financial statement to                                       | anyone about your business? Inclu   | de all financial   |  |  |  |  |  |
|     | ■ No □ Yes. Fill in the details below.   |  |                                     |                    |  |  |  |  |  |
|     | Address  | e Issued   |                                     |                    |  |  |  |  |  |
|     | (Number, Street, City, State and ZIP Code)   |  |                                     |                    |  |  |  |  |  |

Entered 05/13/17 07:11:13 Desc Main Case 17-15011 Doc 1 Filed 05/13/17 Document Page 49 of 62 Laura J Davi Debtor 1 Debtor 2 Kenneth A Davi Case number (if known) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Laura J Davi /s/ Kenneth A Davi Laura J Davi Kenneth A Davi Signature of Debtor 1 Signature of Debtor 2 Date May 13, 2017 May 13, 2017 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

■ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

■ No

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

## Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Document Page 50 of 62

| Fill in this inform  | ation to identify your           | case:                   |   |   |  |  |  |  |  |
|--|----------------------------------|-------------------------|---|---|--|--|--|--|--|
| Debtor 1   | Laura J Davi                     |                         |   |   |  |  |  |  |  |
|  | First Name                       | Middle Name             | Last Name   |   |  |  |  |  |  |
| Debtor 2<br>(Spouse if, filing)  | Kenneth A Davi                   | Middle Nows             | Last Name   |   |  |  |  |  |  |
| (Spouse II, IIIIng)  | First Name                       | Middle Name             | Last Name   |   |  |  |  |  |  |
| United States Ban  | kruptcy Court for the:           | NORTHERN DIST           | RICT OF ILLINOIS  |   |  |  |  |  |  |
| Case number  |                                  |                         |   |   |  |  |  |  |  |
| (if known)   |                                  |                         |   | ☐ Check if this is an   |  |  |  |  |  |
|  |                                  |                         |   | amended filing  |  |  |  |  |  |
| Statement of Intention for Individuals Filing Under Chapter 7  12/15  If you are an individual filing under chapter 7, you must fill out this form if:  □ creditors have claims secured by your property, or  □ you have leased personal property and the lease has not expired.  You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form  If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.  Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). |                                  |                         |   |   |  |  |  |  |  |
| 1. For any credito   | rs that you listed in Pa         |                         | Creditors Who Have Claims Secured by F  | Property (Official Form 106D), fill in the                    |  |  |  |  |  |
| information bel  | ow.<br>ditor and the property th | nat is collateral       | What do you intend to do with the prope secures a debt?   | Prty that Did you claim the property as exempt on Schedule C? |  |  |  |  |  |
| Creditor's <b>Us</b> name:   | s Bank Home Mortga               | age                     | ☐ Surrender the property. ☐ Retain the property and redeem it. ☐ Patein the property and enter into a | ■ No  |  |  |  |  |  |
| •  | 16512 W. Pocasset                |                         | ☐ Retain the property and enter into a<br>Reaffirmation Agreement.                                    | □ Yes   |  |  |  |  |  |
| property securing debt:  | Lockport, IL 60441               | Will County             | Retain the property and [explain]: husband paying   |   |  |  |  |  |  |
| For any unexpired  |                                  | se that you listed i    | n Schedule G: Executory Contracts and Uexpired leases are leases that are still in e                  |   |  |  |  |  |  |
| You may assume   | an unexpired persona             | I property lease if the | the trustee does not assume it. 11 U.S.C. §   | 365(p)(2).  |  |  |  |  |  |
| Describe your ur   | nexpired personal prop           | erty leases             |   | Will the lease be assumed?                                    |  |  |  |  |  |
| Lessor's name:   |                                  |                         |   | □ No  |  |  |  |  |  |
| Description of leas  | sed                              |                         |   | _   |  |  |  |  |  |
| Property:  |                                  |                         |   | ☐ Yes   |  |  |  |  |  |
| Lessor's name:   |                                  |                         |   | □ No  |  |  |  |  |  |
| Description of least<br>Property:  | sed                              |                         |   | ☐ Yes   |  |  |  |  |  |
| Lessor's name:   |                                  |                         |   |   |  |  |  |  |  |

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

page 1

## Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Document Page 51 of 62

| Debte<br>Debte                                 |                    | aura J Davi<br>enneth A Davi                                       |   | Case number (if known)                        |                               |
|--|--------------------|--|---|---|-------------------------------|
| Desc<br>Prop                                   | ription o<br>erty: | f leased   |   |   | □ No □ Yes                    |
| Lessor's name: Description of leased Property: |                    |  |   | □ No □ Yes                                    |                               |
| Lessor's name: Description of leased Property: |                    |  |   | □ No □ Yes                                    |                               |
| Lessor's name: Description of leased Property: |                    |  |   | □ No □ Yes                                    |                               |
| Lessor's name: Description of leased Property: |                    |  | □ No  |   |                               |
|  | r penalt           | n Below<br>y of perjury, I declare the<br>is subject to an unexpir | at I have indicated my intention about any pr | operty of my estate that see                  | cures a debt and any personal |
| X _  | /s/ Lau<br>Laura 、 | ra J Davi  | X /s/ Ke                                      | nneth A Davi<br>eth A Davi<br>ure of Debtor 2 |                               |
|  | Date               | May 13, 2017   | DateM   | ay 13, 2017                                   |                               |

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Document Page 56 of 62

B2030 (Form 2030) (12/15)

### **United States Bankruptcy Court**Northern District of Illinois

| In 1 | Laura J Davi<br>Kenneth A Davi   |   | Case No.   |                                     |  |  |
|------|--|---|--|-------------------------------------|--|--|
|      | Refilledit A Davi  | Debtor(s)   | Chapter  | 7                                   |  |  |
|      |  |   |  |                                     |  |  |
|      | DISCLOSURE OF COMPEN   | SATION OF ATTO  | RNEY FOR DE  | EBTOR(S)                            |  |  |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that ompensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:             |   |  |                                     |  |  |
|      | For legal services, I have agreed to accept  |   | \$   | 1,195.00                            |  |  |
|      | Prior to the filing of this statement I have received  |   |  | 465.00                              |  |  |
|      | Balance Due  |   | \$   | 730.00                              |  |  |
| 2.   | \$335.00 of the filing fee has been paid.  |   |  |                                     |  |  |
| 3.   | The source of the compensation paid to me was:   |   |  |                                     |  |  |
|      | ■ Debtor □ Other (specify):  |   |  |                                     |  |  |
| 4.   | The source of compensation to be paid to me is:  |   |  |                                     |  |  |
|      | ■ Debtor □ Other (specify):  |   |  |                                     |  |  |
| 5.   | ■ I have not agreed to share the above-disclosed compe   | nsation with any other person   | unless they are mem  | bers and associates of my law firm. |  |  |
|      | ☐ I have agreed to share the above-disclosed compensat copy of the agreement, together with a list of the name   |   |  |                                     |  |  |
| 6.   | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  |   |  |                                     |  |  |
|      | <ul> <li>a. Analysis of the debtor's financial situation, and render</li> <li>b. Preparation and filing of any petition, schedules, state</li> <li>c. Representation of the debtor at the meeting of creditor</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors to re reaffirmation agreements and application</li> <li>522(f)(2)(A) for avoidance of liens on hour</li> </ul> | ment of affairs and plan which<br>s and confirmation hearing, and<br>duce to market value; exc<br>is as needed; preparation | n may be required;<br>and any adjourned hea<br>emption planning; | rings thereof;                      |  |  |
| 7.   | By agreement with the debtor(s), the above-disclosed fee does not include the following service:  Representation of the debtors in any dischargeability actions.   |   |  |                                     |  |  |
|      |  | CERTIFICATION   |  |                                     |  |  |
| this | I certify that the foregoing is a complete statement of any s bankruptcy proceeding.   | agreement or arrangement for  | payment to me for re   | epresentation of the debtor(s) in   |  |  |
|      | May 13, 2017   | /s/ Ronald D. Cur   | nmings   |                                     |  |  |
| _    | Date   | Ronald D. Cumm  |  |                                     |  |  |
|      |  | Signature of Attorney  Law offices of Ronald D. Cummings  |  |                                     |  |  |
|      |  | 22600 Deer Path   | Lane   |                                     |  |  |
|      |  | Plainfield, IL 6054<br>815 782-4844 Fa  |  |                                     |  |  |
|      |  | bankruptcylawye   |  |                                     |  |  |
|      |  | Name of law firm  |  |                                     |  |  |

Case 17-15011 Doc 1 Filed 05/13/17 Entered 05/13/17 07:11:13 Desc Main Document Page 57 of 62

### **United States Bankruptcy Court** Northern District of Illinois

| In re | Laura J Davi<br>Kenneth A Davi   |                                  | Case No. |   |  |
|-------|--|----------------------------------|----------|---|--|
|       |  | Debtor(s)                        | Chapter  | 7 |  |
|       |  |                                  |          |   |  |
|       | VERIFICATION OF CREDITOR MATRIX  |                                  |          |   |  |
|       |  | Number of Creditors:             |          |   |  |
|       | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of m (our) knowledge. |                                  |          |   |  |
| Date: | May 13, 2017   | /s/ Laura J Davi<br>Laura J Davi |          |   |  |
|       |  | Signature of Debtor              |          |   |  |
| Date: | May 13, 2017   | /s/ Kenneth A Davi               |          |   |  |
|       |  | Kenneth A Davi                   |          |   |  |
|       |  | Signature of Debtor              |          |   |  |

All Pets Hospital 200 Read Street Lockport, IL 60441

American Express P.O. Box 26312 Lehigh Valley, PA 18002-6312

American Surgical Richmond SA Services Inc Houston, TX 77074-2053

Associated Radiologists 6301 W. 73rd Street #637 Bedford Park, IL 60499-0637

Athletic and Therapeutic Inst. 4947 Paysphere Circle Chicago, IL 60674

Blatt Hasenmiller Liebsker & Moore 125 South Wacker Drive #400 Chicago, IL 60606

Blatt Hasenmiller Liebsker & Moore 125 South Wacker Drive #400 Chicago, IL 60606

Blitt & Gaines P.C. 661 Glen Avenue Wheeling, IL 60090

Capital One Po Box 30285 Salt Lake City, UT 84130

Cda/Pontiac Attn:Bankruptcy Po Box 213 Streator, IL 61364

Cda/Pontiac Attn:Bankruptcy Po Box 213 Streator, IL 61364 Cda/Pontiac Attn:Bankruptcy Po Box 213 Streator, IL 61364

Chase Card Attn: Correspondence Po Box 15298 Wilmington, DE 19850

Chase Card Po Box 15298 Wilmington, DE 19850

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Citibank/ Best Buy Centralized Bankruptcy P.O. Box 790040 Saint Louis, MO 63179

Citibank/The Home Depot Citicorp Cr Srvs/Centralized Bankruptcy Po Box 790040 S Louis, MO 63129

Comenity Bank/Carsons Po Box 182125 Columbus, OH 43218

Creditors Discount and Audit 415 E. Main Street Streator, IL 61364

EM Strategies P.O. Box 366 Hinsdale, IL 60522 Ford Motor Credit National Bankruptcy Service Center Po Box 62180 Colorado Springs, CO 80962

Grace Care LLC PO Box 1570 Prince Frederick, MD 20678

Kansas Couselors Inc P.O. Box 14765 Shawnee Mission, KS 66285-4765

Kohls/Capital One Po Box 3120 Milwaukee, WI 53201

Loyola University Medical Center P.O. Box 3021 Milwaukee, WI 53201-3021

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Portfolio Recovery Po Box 41067 Norfolk, VA 23541

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Silver Cross Hospital 7008 Solution Center Chicago, IL 60677-7000

Southwest Infectious Disease 1051 Essington Rd. Suite 210 Joliet, IL 60435

United Collection Bureau 5620 Southwyck Blvd Suite 206 Toledo, OH 43614

United Collection Bureau inc. 5620 Southwyck Blvd #206 Toledo, OH 43614

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Visa Dept Store National Bank Attn: Bankruptcy Po Box 8053 Mason, OH 45040